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| <b>Case Number:</b>   | CM15-0212500 |                              |            |
| <b>Date Assigned:</b> | 11/02/2015   | <b>Date of Injury:</b>       | 02/11/2014 |
| <b>Decision Date:</b> | 12/18/2015   | <b>UR Denial Date:</b>       | 09/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/28/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female, who sustained an industrial injury on 2-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow and shoulder pain. On 9-11-2015, the injured worker reported right upper extremity discomfort rated as a 6 without medications and noticeable 93% of the time, and right elbow pain and swelling with difficulty with activities of daily living (ADLs). The Primary Treating Physician's report dated 9-11-2015, noted the injured worker's symptoms were reduced by medications and resting. The physical examination was noted to show some swelling of the right upper arm and right elbow, unable to perform the Apley's scratch maneuver with the right arm and some pain with pronation-supination at the elbow. Prior treatments have included physical therapy, and right shoulder surgery 5-15-2015. The treatment plan was noted to include a prescription for Voltaren gel for the right elbow as the Physician noted that given the injured worker's multiple medications for her chronic personal medical conditions the Voltaren gel would be the best choice to help manage the pain and a MRI of the right shoulder and elbow. The injured worker's work status was noted to be off work through 10-16-2015. The request for authorization was noted to have requested Voltaren gel 1% #3 tubes. The Utilization Review (UR) dated 9-30-2015, non-certified the requests for Voltaren gel 1% #3 tubes.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Voltaren gel 1% #3 tubes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. The request is not medically necessary.