

<b>Case Number:</b>	CM15-0213057		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 30 year old female, who sustained an industrial-work injury on 5-7-14. A review of the medical records indicates that the injured worker is undergoing treatment for extensor carpi ulnaris tendinopathy, right wrist pain right carpometacarpal joint arthritis, and possible right median neuropathy. Treatment to date has included pain medication, Relafen, Gabapentin since at least 9-30-15, Voltaren gel since at least 7-10-15, physical therapy, splinting, and other modalities. Medical records dated 9-30-15 indicate that the injured worker complains of persistent right wrist and hand pain that is achy and radiates to the right forearm. There is also right forearm pain that radiates to the right elbow and the pain wakes her at night. She reports that Voltaren gel helps significantly more than Relafen without adverse effects. The medical records do not indicate decreased pain, increased level of function or improved quality of life. Per the treating physician report dated 9-30-15 the work status is modified. The medical record dated 8-13-15 notes that the injured worker is not working. The physical exam reveals tenderness in the right wrist joint, right wrist extension and flexion increase pain, minimal swelling noted in the right wrist otherwise no changes noted. The request for authorization date was 10-8-15 and requested services included Gabapentin 100mg #60 and Voltaren gel 1%. The original Utilization review dated 10-15-15 non-certified the request for Gabapentin 100mg #60 but weaning is recommended. The request for Voltaren gel 1% was also non- certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The claimant is a 30 year-old female with a date of injury of 5/7/2014 who has chronic right wrist and forearm pain. The request is for Gabapentin, an anti-epileptic drug that is also indicated as a first-line agent for neuropathic pain. In this case, the documents provided do not contain any evidence of efficacy for pain relief with Gabapentin. In addition, there is no specific objective functional benefit with use of Gabapentin documented. Therefore the request is not medically necessary or appropriate.

**Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. The request is for Voltaren gel, an NSAID. Topical NSAIDs may be indicated for osteoarthritis and tendinitis of the knee, elbow and other joints amenable to treatment. They are not recommended for the spine, hips and shoulders. In this case, the medical records do not indicate an intolerance of oral anti-inflammatories requiring the use of a topical agent. There is also no documentation of specific functional benefit with the use of Voltaren gel. Therefore the request is not medically necessary or appropriate.