

Case Number:	CM15-0053288		
Date Assigned:	03/26/2015	Date of Injury:	08/01/2005
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/20/2015

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

Certification(s)/Specialty: Emergency Medicine

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 58-year-old female, with a reported date of injury of 08/01/2005. The diagnoses include left elbow medial epicondylitis, left index trigger finger, right chronic tendinitis, elbow pain, and right elbow chronic lateral epicondylitis. Treatments to date have included an injection in the left elbow, oral medications, and topical pain medication. The medical report dated 09/24/2014 indicates that the injured worker complained of left elbow pain. She continued to have medial pain and tenderness. The injured worker also complained of some triggering of the left index finger, with some associated pain. She also had pain in the fingers on her right hand and mild residual lateral elbow pain on the right. The objective findings include normal left elbow range of motion, tenderness directly over the medial epicondyle and common flexor origin, resisted flexion in the left elbow, left index finger crepitation, mild triggering with range of motion, some mild lateral epicondylar tenderness in the right elbow and pain from gripping, and the left grip resulted in medial elbow pain. The medical record from which the request originates was not included in the medical records provided for review. The treating physician requested Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent Topical Gel with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Voltaren Gel 1 Percent Topical Gel with 2 Refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has left elbow pain. She continued to have medial pain and tenderness. The injured worker also complained of some triggering of the left index finger, with some associated pain. She also had pain in the fingers on her right hand and mild residual lateral elbow pain on the right. The objective findings include normal left elbow range of motion, tenderness directly over the medial epicondyle and common flexor origin, resisted flexion in the left elbow, left index finger crepitation, mild triggering with range of motion, some mild lateral epicondylar tenderness in the right elbow and pain from gripping, and the left grip resulted in medial elbow pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren Gel 1 Percent Topical Gel with 2 Refills is not medically necessary.