

<b>Case Number:</b>	CM14-0177926		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/15/2000
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 55 year old female patient with date of injury of 6/15/2000. A review of the medical records indicates that the patient is undergoing treatment for recurrent left elbow lateral epicondylitis/extensor tendinitis and left carpal tunnel syndrome. Subjective complaints include recurrent left elbow pain, especially when lifting, pulling, and carrying; intermittent soreness and loss of grip strength in the left hand; weakness in the left arm. Objective findings include physical exam revealing pain to palpation of the lateral aspect of the left elbow (at the attachment of the extensor tendon apparatus to the lateral epicondyle). The patient experiences lateral left elbow pain upon resistance to wrist and finger extension, and forearm rotation. The patient "does not display any object of irritability of median nerve function at the carpal tunnel. I can detect no intrinsic muscle weakness or atrophy." Treatment has included right carpal tunnel release, of which the administered date and results were not indicated in the medical files. Medications have included Diovan HCT, Cytomel, Synthroid, Welchol, and herbal supplements. The utilization review dated 10/14/2014 non-certified the request for Voltaren Gel 1%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (Diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. As such the request for Voltaren Gel 1% is not medically necessary.