

<b>Case Number:</b>	CM14-0090932		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/10/1993
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Internal Medicine and is licensed to practice in California. 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:

The injured worker is a 55 year old male injured on 08/10/93 due to undisclosed mechanism of injury. Diagnoses included radial nerve entrapment status post-surgical treatment with subsequent neuropathy and lateral epicondylitis. Clinical note dated 06/13/14 indicated the injured worker presented with history of radial nerve entrapment on the right and chronic lateral epicondylitis. The injured worker reported use of Neurontin for greater than 15 years as one of the only medications utilized effectively for the treatment of neuropathic pain. The injured worker also reported use of topical Diclofenac for tennis elbow. The injured worker underwent injection to the elbow approximately two weeks prior to evaluation and reported decrease in pain. Physical examination revealed prominent tenderness over attachment of extensor tendons on the right lateral epicondyle, increased with right extension/pronation/supination, tenderness to palpation through mid-forearm, no numbness and tingling into the hand, no neck tenderness, negative Spurling. Treatment plan included continuation of Neurontin and topical cream in lieu of narcotic pain medications. The initial request for Solaraze 3% W/W gel 300g for 90 day supply and gabapentin 300mg #1080 for 90 day supply was non-certified on 06/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solaraze 3% W/W (Gel) 300 GM. for 90 day supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac) Page(s): 112.

**Decision rationale:** As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Diclofenac gel is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for Solaraze 3% W/W (Gel) 300 GM. for 90 day supply cannot be recommended as medically necessary at this time. Therefore, this request is not medically necessary.

**Gabapentin 300 mg. # 1080 for 90 day supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation indicated greater than 15 years of successful use of gabapentin for treatment of neuropathic pain. As such, the request for Gabapentin is recommended as medically necessary.