

Case Number:	CM15-0127850		
Date Assigned:	07/14/2015	Date of Injury:	08/22/2013
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 54 year old female sustained an industrial injury to bilateral upper extremities on 8/22/13. Previous treatment included physical therapy, thermal ablation, elbow braces, trigger point injections, steroid injections and medications. Electromyography (5/11/5) showed mild right carpal tunnel syndrome and mild left cubital tunnel syndrome. In a PR-2 dated 6/1/15, the injured worker complained of bilateral upper extremity rated 2/10 on the visual analog scale with medications and 5/10 without medications. The injured worker reported that her activity level had decreased and her quality of sleep was poor. The injured worker was frustrated because Pennsaid had not been authorized. The injured worker could not take much Ibuprofen because it caused gastrointestinal upset. Physical exam was remarkable for bilateral elbows with tenderness to palpation and pain with Tennis Elbow testing. Current diagnoses included lateral epicondylitis and extremity pain. The treatment plan included a surgical consultation, continuing Ibuprofen, discontinuing Pennsaid and a trial of Voltaren gel and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium (Voltaren) 1% gel #3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Voltaren Gel (diclofenac).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22, Chronic Pain Treatment Guidelines NSAIDs, Voltaren Page(s): 111-112.

Decision rationale: This is review for the requested Diclofenac gel 1% (Voltaren). In general topical analgesics are largely experimental and primarily recommended for neuropathic pain per MTUS Guidelines. Diclofenac (gel) is an NSAID and is FDA approved for relief of osteoarthritis pain. Oral NSAIDs are generally recommended with some precautions. For other sources of pain such as osteoarthritis of the knee, elbow or hand, topical NSAIDs are recommended for short- term use. According to the ACOEM topical diclofenac gel has been shown to effective in patients with lateral epicondylitis. Topical NSAIDs are recommended as a treatment option. Therefore, the above listed issue IS considered medically necessary.