

<b>Case Number:</b>	CM15-0033762		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	09/12/2004
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: 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 53-year-old female, with a reported date of injury of 09/12/2004. The diagnoses include persistent right elbow pain, status post lateral epicondylar reconstruction/radial tunnel release, and right probable carpal tunnel syndrome. Treatments included oral medications and wrist brace. The progress report dated 01/12/2015 indicates that the injured worker had persistent right upper extremity complaints. She complained of aching bilateral elbow pain, and aching pain in the bilateral hands/wrists with numbness and pin and needles sensation. The injured worker rated her pain 5 out of 10. The physical examination of the right upper extremity showed no obvious deformity, tenderness about the lateral epicondyle, diffuse forearm tenderness, some pain about the lateral epicondyle with resisted extension of the wrist, no pain about the radial tunnel with resisted extension of the long digit, flexion of the elbow at 140 degrees, extension at 0 degrees, supination and pronation at 60 degrees, decreased sensation in the median nerve distribution. The treating physician requested Voltaren gel 1% 100 grams, with two refills to decrease her symptoms and to treat the pain. On 01/28/2015, Utilization Review (UR) denied the request for Voltaren gel 1% 100 grams, with two refills. The UR physician noted that there was no evidence of a diagnosis of osteoarthritis or tendonitis of the right elbow; and there was no evidence of functional improvement or reduction in symptoms with use of non-steroidal anti-inflammatory drugs. The MTUS Chronic Pain Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 100g 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 Page(s): 111-113.

**Decision rationale:** This patient receives treatment for chronic elbow pain. The patient received surgical treatment consisting of R lateral epicondyle repair and R radial tunnel release. The treating physician requests treatment with Voltaren gel. This is a topical analgesic medicinal. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. The guidelines do state there is some evidence that topical analgesics can help treat osteoarthritis of the knees, but only for a few weeks and then their benefit declines. This patient does not have osteoarthritis. Based on the documentation, topical Voltaren gel is not medically indicated.