

Case Number:	CM13-0035890		
Date Assigned:	12/13/2013	Date of Injury:	11/16/2009
Decision Date:	02/28/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 35 years old patient with stated date of industrial injury of November 16, 2009. The patient has been under the care of the treating physician for joint pain-ankle, foot pain, ankle and tarsus enthesopathy. The most recent primary treating physician's progress report (PR-2) note dated August 16, 2013 reveals that the patient presented with right ankle pain. The patient reports the pain continues to improve gradually. The patient was authorized for additional physical therapy session to focus on work hardening. Current medication is Voltaren 1% gel applied to the affected body part 3-4 times per day as needed. Right ankle examination revealed restricted movement with plantar flexion limited to 30 degrees and dorsiflexion limited to 22 degrees. The patient is able to bear weight on his right ankle without any pain. Motor exam demonstrated mildly reduced strength at 5-/5 to the right extensor hallucis longus (EHL). Light touch sensation was decreased over the surgical scars on the right. Deep tendon reflexes (DTRs) were symmetrical bilaterally. Pain is noted with repetitive standing on the right ankle plantar flexion. Decreased right stance phase is noted in the gait cycle. Slight extroversion of the right lower leg below the knee relative to the left is also noted. It was recommended that the patient continue Voltaren gel topically. It was noted the patient is working full time. At issue is the medical necessity of one (1) Voltaren 1% Gel, apply 4gm to affected body part 3-4 times per day as needed (100gram tube).

IMR ISSUES, DECISIONS AND RATIONALES

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

three (3) 100-gram tubes of Voltaren Gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics

Decision rationale: According to the California MTUS guidelines, diclofenac is the only FDA-approved topical NSAID and 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. Like all topical analgesics, it is only recommended as a second line treatment after a trial of oral NSAIDs or acetaminophen for chronic pain has failed, and there is no documentation that this is the case in this patient. ODG guideline state that the use of oral NSAIDs concomitantly with topical agents is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Therefore, the request for three (3) 100-gram tubes of Voltaren Gel 1% is not medically necessary.