

Case Number:	CM13-0046873		
Date Assigned:	12/27/2013	Date of Injury:	06/10/2004
Decision Date:	03/11/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The patient is a 65 year old female who reported an injury on 06/10/2004. The mechanism of injury was not provided; however, it resulted in injury to her right ankle. She subsequently received a Broström reconstruction, in approximately 2007. She continues to have chronic difficulties with that ankle, including pain and range of motion deficits. The patient also has some significant comorbidities, to include cardiac and GI problems. A clinical note dated 09/30/2013 stated that the patient would be treated with palliative/maintenance care. There was no other pertinent clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%mg tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat neuropathic or osteoarthritic pain. Topical NSAIDs are preferred over their oral counterparts, for their lack of systemic adverse effects. Currently, Voltaren gel 1% is the only

topical NSAID approved for use by the FDA. The clinical notes submitted for review detail that the patient has musculoskeletal pain related to an injury that she sustained in 2004. This, accompanied by her history of cardiac and GI comorbidities, would appear that she could benefit from the use of a topical NSAID cream. Unfortunately, the current request does not detail the quantity to be distributed, and therefore, the request for Voltaren gel 1% 100 mg tubes is non-certified.