

<b>Case Number:</b>	CM13-0055954		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation 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:

This is a 25-year-old gentleman with a date of injury of 3/21/12. Mechanism of injury was a sprain of the right ankle, when he stepped on a 2-inch pipe that rolled when he stepped on it. He was initially diagnosed with an ankle sprain, but due to persistent symptoms, MRI was done and this showed torn ligaments and a bone bruise. The patient was referred to a podiatrist, and he was treated with a below-the-knee cast and advised to use crutches. When the cast was removed, he continued to be symptomatic, and further developed symptoms suggestive of CRPS. He has had sympathetic blocks and a SCS implant for this. Interestingly, though this patient has had interventional procedures and implantation of a medical device for pain, he has not been on oral medications. Submitted reports do not state why. In October of 2013, the pain specialist prescribed topical Voltaren. This was submitted to Utilization Review. The UR physician did not recommend Voltaren Gel pm on 11/13/13 review, but the submitted UR report does not give the basis for denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel (diclofenac sodium) #3 tubes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac, topical

**Decision rationale:** The CA MTUS recommends topical NSAIDS for short-term relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist), but it has not been evaluated for treatment of the spine, hip or shoulder. Both the CA MTUS and ODG state that topical NSAIDS, such as Voltaren, are not recommended for neuropathic pain, as there is no evidence to support this clinical application. With regards to Voltaren Gel, guidelines state that it would only be considered on failure of an oral NSAID or if there is contraindication to oral NSAIDS. In this case, the patient did have an ankle sprain. At this juncture, the main issue is neuropathic pain (CRPS), not pain from ankle sprain itself. The patient is not taking any oral medications at all. As guidelines do not support use of Voltaren Gel for neuropathic pain, and as it is not recommended as a first-line NSAID, medical necessity is not established for Voltaren Gel #3 tubes.