

Case Number:	CM13-0070290		
Date Assigned:	01/03/2014	Date of Injury:	01/14/2011
Decision Date:	04/23/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/24/2013

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 Internal Medicine and Pulmonary Diseases 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:

The patient is a 39-year-old female who reported an injury on 01/14/2011. The mechanism of injury was not provided in the medical records. The patient was diagnosed with sprain of ankle. The patient's symptoms included constant, dull, achy pain over the anterior aspect of her left ankle with occasional crampy pain in the sole of her foot. Physical examination revealed tenderness over the anterolateral aspect of the ankle along the distal tibiofibular joint. The range of motion was noted to be dorsiflexion of 20 degrees and plantar flexion 40 degrees. Past medical treatment included Voltaren gel and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1% TOPICAL 1 GM (#3 PACK): 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): 111-112.

Decision rationale: According to California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. Guidelines also indicate that nonsteroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. The documentation submitted for review indicated the patient is currently using Voltaren gel. However, the documentation fails to specify whether the patient has failed a trial of antidepressants or anticonvulsants. Given the above, the request for Voltaren gel 1% topical 1 gram (#3 pack) is non-certified.