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| Case Number: | CM14-0005034 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 08/06/2013 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 Occupational Medicine 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 applicant filed a claim for ankle pain reportedly associated with an industrial fibular fracture of August 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; initial immobilization of the fracture; brief periods of time off of work; MRI imaging of the ankle of November 30, 2013, notable for mildly displaced fibular fracture/lateral malleolar fracture with ligamentous sprain; several months off of work; and subsequent imposition of work restrictions. In a utilization review report of January 2, 2014, the claims administrator denied a request for Voltaren gel, citing the MTUS Chronic Pain Medical Treatment Guidelines, although this does not clearly appear to be a chronic pain case as of the date of the request. A December 19, 2013 progress note was notable for comments that the applicant had persistent pain and swelling about the left ankle. The applicant apparently had to discontinue physical therapy secondary to pain. Edema and tenderness were appreciated about the injured ankle. The applicant was asked to employ oral ibuprofen and Voltaren gel for pain relief in conjunction with an ankle brace. The applicant was placed off of work until December 22nd and asked to return to sedentary work on December 23rd.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR VOLTAREN TRANSDERMAL GEL 1% #1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, NSAID creams such as a Voltaren gel furnished here are deemed "optional." In this case, the applicant had a subacute issue of ankle fracture. The applicant did have residual pain and swelling appreciated about the same on an office visit of December 19, 2013. It appeared that oral NSAIDs were insufficient to control the applicant's symptoms of pain and swelling about the injured ankle. Introduction of topical Voltaren gel was indicated, appropriate, and at least tepidly endorsed by ACOEM Chapter 14, Table 14-6. Therefore, the request for Voltaren Transdermal Gel 1% #1 is medically necessary and appropriate.