

Case Number:	CM14-0008694		
Date Assigned:	02/12/2014	Date of Injury:	07/06/2007
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery, 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 injured worker is a 49-year-old female with a date of injury of July 6, 2007. The mechanism of injury is not disclosed. The record indicates the injured worker is status post tibial sesamoidectomy on September 15, 2011, followed by removal of the soft tissue nodule in the left foot on August 8, 2013. Additionally, the injured is status post right wrist arthroscopy with triangular fibrocartilage repair on October 27, 2010. A progress note from November 2013 indicates that the claimant is unable to tolerate oral non-steroidal anti-inflammatory medications (NSAID) medications due to gastrointestinal problems. A bone scan on July 27, 2012 reveals increased uptake of the 1st metatarsophalangeal (MTP) joint consistent with arthritis and chondromalacia. Treatment has included physical therapy, pharmacotherapy, orthotics, and other shoe wear modifications, injections and activity modification. A previous review for this request resulted in a recommendation for non-certification on January 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL VOLTAREN GEL, 30 DAY SUPPLY, QUANTITY 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Chronic Pain Medical Treatment Guidelines, California Code of Regulations, Title 8. Ef.

Decision rationale: Voltaren gel is a topical non-steroidal anti-inflammatory medications (NSAID) indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this medication. A progress note in November 2013 indicates the injured worker cannot tolerate NSAIDs. Additionally, the record establishes a diagnosis of osteoarthritis according to the bone scan in 2012. When noting the diagnosis of arthritis, and the inability to tolerate oral NSAIDs, there is a clinical indication to support the use of this medication. Therefore, this request is recommended for certification.