

Case Number:	CM14-0009699		
Date Assigned:	03/05/2014	Date of Injury:	10/14/2010
Decision Date:	04/25/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	01/25/2014

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 Geriatrics and is licensed to practice in New York. 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 70 year old man with a date of injury of 10/14/10. He was seen on 12/10/13 for a Worker's Compensation Report. He was status post ankle arthroscopy for his work related injuries from a fall. The records document benefit fro voltaren gel which he applied to his foot after working. He was to continue the voltaren gel which and apply a splint or socks to reduce inflammation and swelling. His diminished foot sensation was improving He did not have numbness. Hyperreflexivity or clonus on exam. He was recently started on cymbalta by his primary care physician. The prescription for voltaren gel is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR VOLAREN GEL 1% #100GM WITH 1 REFILL: 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 9792.20-9792.26 Page(s): 111-112.

Decision rationale: Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to

utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical voltaren in this injured worker, the records do not provide clinical evidence to support medical necessity for ongoing use.