

Case Number:	CM14-0044760		
Date Assigned:	07/02/2014	Date of Injury:	05/03/2001
Decision Date:	08/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old female who had a work-related injury on 05/03/01. Mechanism of injury is not documented. The diagnoses listed were pain in joint of lower leg and lumbar disc displacement without myelopathy. The most recent progress note submitted for review was dated 03/24/14. The injured worker was in for bilateral knee pain. It was noted that she continued to have bilateral knee pain and low back pain. The pain has been worse since spraining the right ankle about 2 weeks ago. The injured worker noticed while walking, a stretch and pop from along the bottom of the foot was felt. The injured worker had immediate swelling in the right foot and ankle. The injured worker went to the hospital and they were concerned about deep vein thrombosis (DVT), but states that the ultrasound was negative. The injured worker was told that it was a sprain and she is managing this conservatively with ice and elevation. However, this is throwing off her gait and she is having increased pain today. She has back pain with radiation to the lower extremities. The injured worker complains of numbness and tingling in the back of both legs. On physical examination, strength decreased on the left side with flexion and extension of knee, ankle, extensor hallucis longus (EHL). The injured worker was able to stand on heels and toes. The injured worker noticed numbness with light touch of toes bilaterally. Straight leg test was positive on the left side. Prior utilization review for Voltaren 1% gel #1 was non-certified on 04/03/14. The injured worker does have a history of medication-induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel, #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s)111 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesics.

Decision rationale: The request for Voltaren 1% Gel, #1 is medically necessary. The clinical documentation submitted for review supports the request. The injured worker does have a history of medication-induced gastritis, unable to take oral NSAID's. At this time, the only available FDA-approved topical NSAID is diclofenac (voltaren), indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee, and wrist). As such, medical necessity has been established.