MAXIMUS Federal Services

Case Number:	CM14-0093247		
Date Assigned:	07/25/2014	Date of Injury:	07/29/2006
Decision Date:	08/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

Patient is a 54-year-old female with a 07/29/06 date of injury to her left foot. Progress report dated 02/12/14 states that the patient rates her pain at 8 to 9/10 without medication, medication reduce her pain to a 3/10. Examination reveals cyst at the plantar aspect of left foot, tender to palpation. Diagnoses listed are fibrous tissue, left foot, with metatarsalgia and neuroma. The previous U. R. report states that the patient underwent evaluation by [redacted] on 06/10/14 and was diagnosed with injury, ankle, unspecified.Request is for Voltaren Gel 1% and Carisoprodol 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Voltaren Gel 1% (Diclofenac) Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics, VoltarenÂ® Gel 1% (Diclofenac) and Other Medical Treatment Guideline or Medical Evidence, Agency for Healthcare Research and Quality of the US Department of Health and Human Services: Academy of Ambulatory Foot and Ankle Surgery Guidelines for: Metatarsalgia/intractable plantar keratosis/Tailor's bunion and Intermetatarsal Neuroma Treatment.

Decision rationale: Guidelines state that Voltaren Gel is indicated for osteoarthritis in ankle/foot joints after failure of an oral Non-Steroid Anti-Inflammatory Drugs (NSAIDs), or contraindications to oral Non-Steroid Anti-Inflammatory Drugs (NSAIDs), or for patients who cannot swallow solid oral dosage forms. Not recommended as a first-line treatment. Records indicate no evidence of failed oral NSAIDs.The patient has not been diagnosed with osteoarthritis. The previous UR states diagnosis of ankle injury dated 06/10/14. Progress report dated 02/12/14 diagnoses were: fibrous tissue, neuroma and metatarsalgia, however the only thing mentioned in the physical examination section is the presence of a cyst at plantar aspect of foot tender on palpation. No other details of physical examination are described.Guidelines developed by Academy of Ambulatory Foot and Ankle Surgery (AAFAS) state that X-rays should be taken for diagnosis of metatarsalgia to evaluate the type of deformity as well as other factors. Documentation provided contains no evidence of X-rays. Thus, there is insufficient evidence for osteoarthritic nature of pain, just as the involvement of neuroma in metatarsal pain generation is not discussed. In addition, Academy of Ambulatory Foot and Ankle Surgery (AAFAS) guidelines specifically list Oral NSAIDs as a type of non-surgical treatment of metatarsalgia as well as Intermetatarsal neuroma. Topical NSAIDs are not included in the guideline recommendations. ODG and CA MTUS do not address NSAIDs for treatment of neuroma. Therefore, the request of Voltaren Gel 1% is not medically necessary and appropriate.

Carisoprodol 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: CA MTUS guidelines do not recommend Carisoprodol. It is a centrally acting skeletal muscle relaxant and a schedule IV controlled substance. Abuse and withdrawal syndrome are associated with this medication. The rationale behind this prescription is not indicated in the medical records provided. Therefore, the request for Carisoprodol 350mg #60 is not medically necessary and appropriate.