

<b>Case Number:</b>	CM14-0191131		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 51-year-old female with an 8/28/12 date of injury, while lifting heavy boxes. The progress report dated 5/28/14 indicated that the patient was utilizing Voltaren Gel. The patient was seen on 10/11/14 with complaints of 9/10 low back pain and 8-9/10 right knee pain. Exam findings revealed normal range of motion of the lumbar spine, positive SLR test at 45 degrees from sitting position, tenderness of the medial joint line of the right knee. The diagnosis is bilateral knee/ankle and right hip sprain and lumbar radiculitis. Treatment to date: work restrictions, chiropractic treatments, PT and medications. An adverse determination was received on 10/24/14 for a lack of documented intolerance to NSAIDs or inability to swallow medications and lack of evidence of ongoing ankle pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 100g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

**Decision rationale:** CA MTUS states that Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. The progress notes indicated that the patient was utilizing Voltaren Gel at least from 5/28/14; however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the area of application was not specified in the request. Therefore, the request for Voltaren Gel 100g is not medically necessary.

**Steroid Injection to Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections (Ankle and Foot Chapter)

**Decision rationale:** CA MTUS states that invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy are ineffective. In addition, ODG states that while evidence is limited, therapeutic injections are generally used procedures in the treatment of patients with ankle or foot pain or pathology. However, the recent progress report did not reveal any subjective complaints to the ankle. In addition, the physical examination of the ankle was not performed. Lastly, there is no rationale with regards to the necessity for a steroid injection to the ankle. Therefore, the request for Steroid Injection to Ankle is not medically necessary.