

<b>Case Number:</b>	CM14-0199949		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational 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:

The injured worker is a 51 year old male with date of injury reported as 07/11/2012. The mechanism of injury involved repetitive activity. The claimant's work status is permanent and stationary. The injured worker's diagnoses included right Achilles tendinitis and right peroneus brevis tendinitis. MRI (Magnetic Resonance Imaging) results report dated 11/01/2013 revealed a partial thickness intrasubstance tearing of the peroneus brevis tendon, plantar calcaneal enthesophytes of the plantar aponeurosis and accompanying heel pad edema compatible with plantar fasciitis. The injured worker was evaluated on 02/07/2014 with complaints of ongoing right ankle pain and stiffness. It was noted that the injured worker had benefited from physical therapy in the past and the plan of care included a re- trial of physical therapy, however physical therapy notes were not submitted for this review. Discussion and documentation related to other prior conservative treatments such as chiropractic therapy or acupuncture was not submitted for this review. There was no mention of objective measureable improvement or functional improvement as defined MTUS in the records provided. No medication list was provided for review. Primary treating physician office visit note dated 11/07/2014 reported physical examination of the right ankle revealed tenderness and decreased range of motion. A request for authorization (RFA) form dated 11/13/2014 was submitted for home exercise program with 6 month gym membership and Voltaren gel. The issue at dispute for this review is Voltaren Gel (Diclofenac Sodium Topical Gel) 1 %. A utilization review determination dated 11/21/2014 denied the request for the Voltaren Gel (Diclofenac Sodium Topical Gel) 1 % due to insufficient large scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in the injured workers clinical scenario.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 100g tube, #5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

**Decision rationale:** MTUS Guidelines allow for a trial of Voltaren for osteoarthritis or tendonitis involving joints that are amenable for treatment. This would include the ankle joint. ODG Guidelines point out that topical Voltaren is safer than the oral route. The use of Voltaren Gel 1% 100gm tube #5 for Achilles tendonitis is consistent with Guidelines and is medically necessary.