

Case Number:	CM14-0207020		
Date Assigned:	12/19/2014	Date of Injury:	02/01/2011
Decision Date:	02/12/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Emergency Medicine, has a subspecialty in ENTER SUBSPECIALTY 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 patient is a 35-year-old female who was injured on February 1, 2011. The patient continued to experience pain in her neck, and right ankle. Physical examination was notable for restricted range of motion of the cervical spine, restricted range of motion of the right ankle, normal motor strength of the upper extremities, and tenderness to the right foot on palpation. Diagnoses included right foot pain, cervical radiculopathy, cervical strain, thoracic sprain/strain, and status post right cuboid bone fracture. Treatment included medications and cervical epidural steroid injections. Request for authorization for Voltaren gel 4gm 4 times daily was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 percent gel, apply 4gm 4x/day PRN #3: Upheld

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

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

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case the patient does not have a diagnosis of osteoarthritis. Voltaren gel is not indicated. The request is not medically necessary.