

Case Number:	CM14-0211320		
Date Assigned:	12/24/2014	Date of Injury:	02/29/2012
Decision Date:	05/04/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida
 Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 2/29/2012. Diagnoses include fracture of the left distal femur (2/29/2012) status post open reduction internal fixation (ORIF) with the use of intramedullary rod and locking intramedullary retrograde nail, traumatic chondromalacia of the left patella, lumbosacral strain resolved and leg length discrepancy, left leg 1.5cm shorter than the right leg. Treatment to date has included work restrictions, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 11/19/2014, the injured worker reported lumbar spine, left leg, left ankle and foot pain. His pain is rated as 3-4/10 in severity. He reported some increase in his levels of discomfort in his low back and feels this may be a result of the changing seasons. He reports significant improvement in symptomology with the use of Voltaren gel. Physical examination revealed a well healed surgical scar over the lateral aspect of the left knee. He reports that he did not undergo any physiotherapy after his surgery. There was mild tenderness to palpation over the scarring aspect of the lateral aspect of the left knee. There was full range of motion as compared to the right knee. The plan of care included follow-up, an interpreter and refill of medications. Authorization was requested for Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%. #3 100g: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains an NSAID. MTUS guidelines specifically state regarding NSAIDS, "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Likewise, the requested medication is not medically necessary.