

Case Number:	CM15-0136596		
Date Assigned:	07/24/2015	Date of Injury:	02/25/2015
Decision Date:	08/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 43 year old male who sustained an industrial injury on 2-25-15. Diagnoses are pain in joint ankle-foot and contusion of lower leg. In a progress report dated 5-27-15, a treating physician notes continued complaint of pain of the left lower leg which is constant and dull. It is rated as 5 out of 10. He has numbness and tingling sensations and increased pain with prolonged standing. Medications are Anaprox, Ibuprofen, and Voltaren Gel. He has completed at least 8 sessions of physical therapy. He states he feels the left leg may give out . The plan is Voltaren Gel and will consider an MRI if no further improvement is noted. Work status is to return to modified work on 5-27-15 and he may sit as needed for pain in the left leg. The requested treatment is Voltaren Gel 1%, #1 and physical therapy 3 times a week for 4 weeks to the left lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% one gel tube is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself 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 injured worker's working diagnoses are pain in joint ankle/foot; and contusion lower leg. The date of injury is February 25, 2015. Request authorization is May 28, 2015. According to an April 13, 2015 progress note, the injured worker completed six of nine physical therapy sessions and is not improved. According to an April 22, 2015 progress note, the worker completed eight out of nine physical therapy sessions and has not improved. According to a May 6, 2015 progress note, the injured worker has continued subjective complaints of pain in the left lower extremity. The treating provider started Voltaren gel 1%. There was no clear-cut clinical indication or rationale for the topical analgesic. The most recent progress note in the medical record is dated May 27, 2015. Subjectively, the symptoms are slightly worse. Objectively, motor strength is normal, range of motion left a decrease in the gait is unremarkable. The documentation does not reflect objective functional improvement as a result of Diclofenac gel use. Additionally, Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself the topical treatment. There are no clinical symptoms, objective findings or diagnoses indicating the injured worker is suffering from osteoarthritis pain. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Voltaren gel 1% and clinical documentation of osteoarthritis pain, Voltaren (Diclofenac) gel 1% one gel tube is not medically necessary.

Physical therapy 3 times a week for 4 weeks to left lower leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the left lower leg is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working

diagnoses are pain in joint ankle/foot; and contusion lower leg. The date of injury is February 25, 2015. Request authorization is May 28, 2015. According to an April 13, 2015 progress note, the injured worker completed six of nine physical therapy sessions and is not improved. According to an April 22, 2015 progress note, the worker completed eight out of nine physical therapy sessions and has not improved. According to a May 6, 2015 progress note, the injured worker has continued subjective complaints of pain in the left lower extremity. The treating provider started Voltaren gel 1%. There was no clear-cut clinical indication or rationale for the topical analgesic. The most recent progress note in the medical record is dated May 27, 2015. Subjectively, the symptoms are slightly worse. Objectively, motor strength is normal, range of motion left a decrease in the gait is unremarkable. The documentation does not demonstrate objective functional improvement as a result of ongoing physical therapy. The injured worker completed eight out of nine physical therapy sessions on April 9, 2015. The injured worker had continued complaints of pain in the left lower extremity. Additionally, as of May 27, 2015 the subjective symptoms were worse. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement with regard to physical therapy, physical therapy three times per week times four weeks to the left lower leg is not medically necessary.