

Case Number:	CM15-0180110		
Date Assigned:	09/21/2015	Date of Injury:	08/02/2011
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, California
 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 32 year old male, who sustained an industrial injury on August 2, 2011. The injured worker is diagnosed as having a right ankle sprain. His work status was not included in the documentation. Currently, the injured worker complains of right ankle pain that can increase to 7-8 on 10 depending on his activity. The pain will occasionally radiate to his right knee. He reports the pain medication will eliminate his pain, up to two hours, which allows him to rest. A physical examination dated July 29, 2015 reveals a slight limp during ambulation due to right ankle pain. He is able to heel and toe walk, but is causes slight pain. There is pain on palpation noted in the "medial malleoli, posterior malleoli and lateral malleoli". The "plantar flexion and dorsiflexion are somewhat painful at the extreme range and there is moderate guarding in the right ankle". Treatment to date has included the medications; Ibuprofen 800 mg, Voltaren, Tramadol 150 mg and K-Rub-II. The documentation reveals Voltaren has been ordered since at least March 25, 2015. A request for Voltaren gel 1% 100 grams is denied due to lack of documentation of necessity of topical over oral medication and supporting diagnosis for topical use, per Utilization Review letter dated August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #100g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on topical NSAIDS of various types for several months. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The continued and chronic use of topical NSAIDS such as Voltaren gel is not medically necessary.