

Case Number:	CM15-0182829		
Date Assigned:	09/23/2015	Date of Injury:	09/09/2005
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on 9-9-2005. Medical records indicate the worker is undergoing treatment for left sinus tarsi syndrome. A recent progress report dated 8-31-2015, reported the injured worker complained of left sinus tarsi pain. Physical examination revealed localized sinus tarsi swelling. Documentation shows the injured worker has had these complaints since at least 2-25-2015 where significant improvement was documented. Treatment to date has included injections, orthotics, Codeine and Ibuprofen. On 8-3-2015, the Request for Authorization requested Voltaren gel 1% with 5 refills. There is no prior documented use of this medication. On 9-10-2015, the Utilization Review modified the request for Voltaren gel 1% with 5 refills to Voltaren gel 1% with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100g with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005 when she slipped on a wet floor while moving a large dog with injury to the left ankle. She underwent an arthroscopic debridement and continues to be treated for ankle pain and plantar fasciitis. When seen, medications included oral ibuprofen and topical diclofenac. There was localized swelling over the sinus tarsi. She was provided with arch supports. Authorization for therapy and for renewal of medications was requested. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is also taking ibuprofen, an oral NSAID, and prescribing a topical NSAID is duplicative. The request is not medically necessary.