

Case Number:	CM15-0193030		
Date Assigned:	10/07/2015	Date of Injury:	09/27/2012
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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 59 year old female, who sustained an industrial injury on 9-27-12. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-1-15 indicated the injured worker returns for a follow-up visit. The provider documents "Her Ativan was denied. She told the adjuster that she was taking it for pain. They said it was not indicated for pain, so it was denied." She reports she started a new job. It is a lot more physical than she expected and has same complaints of her left foot hurting on the dorsum especially after a lot of activity. She reports the entire left leg typically accept after Barre class on Tuesdays and Wednesdays but now starting to hurt after work, as her job as caretaker is more physical than she expected. On physical examination, the provider documents "her left foot appears blue and feels cold along all five toes, compared to the right foot. Her second toe is numb with the distal tip. She has some numbness along the sural nerve distribution of her left foot. She has pain in the plantar fascia and generalized tingling along her whole foot. She's wearing orthotics which are adjusted for her limb length discrepancy." She is diagnosed with shortened left limb secondary to left femur fracture and neuritis, sural neuritis PT entrapment, 85-90% resolved with residual pain after activity. His treatment plan discussed a midfoot bracing her ankle to provide more support when she is active. She says she cannot tolerate the pressure on the dorsum of the foot. She has tried Flector patches which she says irritate her skin. She takes a tramadol daily and is trying to cut back more. The provider has prescribed the Voltaren gel to apply to tender areas 3-4 times a day. A Request for Authorization is dated 9-27-15. A Utilization Review letter is dated 9-17-15 and

non-certification for Voltaren gel quantity 1 with 3 refills. A request for authorization has been received for Voltaren gel quantity 1 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel Qty:1 with 3 refills: Upheld

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

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 Lidocaine for several months prior to Voltaren. Long-term use of any topical is not indicated. 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 Voltaren gel with 3 refills is not medically necessary.