

<b>Case Number:</b>	CM15-0218863		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 51 year old female who sustained an industrial injury on 12-4-13. A review of the medical records indicates that the worker is undergoing treatment for ankle sprain, pain, and abnormality of gait. Subjective complaints (8-18-15) include she cannot be comfortable walking more than 20-30 minutes or standing extensively. Objective findings (8-18-15) include rear foot stiffness consistent with subtalar joint fusion, the rear foot appears well aligned, non-erythematous swelling, and an abducted antalgic stance and gait. Work status was noted as return to modified work with limitations-restrictions. Previous treatment includes Voltaren 1% Gel (noted 11-26-14), Norco, Ultram, Percocet, Acetaminophen-Tramadol Hydrochloride, Tylenol, Advil, compression sock, casting, bracing, and subtalar joint arthrodesis left rear foot-retrieval of autogenous bone graft left heel. The requested treatment of Lidocaine patch 5%, 1 box to apply twice daily (30 day supply) to the left heel with 2 refills and Voltaren Gel 1% 100 grams to apply 3 times a day (30 day supply) to the left heel with 2 refills was non-certified on 10-8-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch 5% 1 box to apply twice daily (30 day supply) to left heel (refills: 2):**  
 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:** Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with antidepressants and anticonvulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine pad 5% #90 with 1 box with 2 refills is not medically appropriate and necessary.

**Voltaren gel 1% 100g to apply 3 times a day (30 day supply) to left heel (refills: 2):** 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:** Guidelines state that topical agents are largely experimental and that Voltaren gel is primarily recommended for relief of osteoarthritis pain. In this case, the patient is already taking oral Voltaren and therefore Voltaren gel is not indicated. The request for topical Voltaren gel is not medically appropriate and necessary.