MAXIMUS Federal Services

Case Number:	CM15-0033697		
Date Assigned:	02/27/2015	Date of Injury:	08/18/2007
Decision Date:	04/16/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old [redacted] beneficiary who has filed a claim for chronic knee, foot, ankle, and low back pain reportedly associated with an industrial injury of August 8, 2007. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for Voltaren gel. The claims administrator referenced a December 24, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant was given Norco for ongoing complaints of low back, foot, ankle, and knee pain, 7.5/10. Permanent restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. There was no mention made of Voltaren gel on this occasion. In an RFA form dated January 10, 2015, Voltaren gel, Norco, and eight sessions of physical therapy were endorsed. In an associated progress note of December 24, 2014, the applicant reported ongoing issues with low back, ankle, foot, and knee pain. Voltaren gel was apparently endorsed for application to the ankle. There was no mention made of the applicant's using Voltaren gel on an earlier progress note of October 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 1 Tube with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Yes, the request for Voltaren gel was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of small joint arthritis in joints which are amenable to topical application. Here, one of the applicant's primary pain generators appears to be foot and ankle arthritis, i.e., a condition for which Voltaren gel is recommended. The request was seemingly framed as a first-time request for Voltaren gel. The applicant was seemingly given Voltaren gel for the first time on December 24, 2014. The applicant was not previously using Voltaren gel on earlier progress notes of October 1, 2014 and July 9, 2014. Introduction of Voltaren gel, thus, was indicated on or around the date in question, given the applicant's incomplete response to other medications such as Norco and the fact that the applicant's primary pain generator was the ankle, i.e., a body part amenable to topical application. Therefore, the request was medically necessary.