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| Case Number: | CM15-0039322 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 01/03/2013 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 64 year old male, who sustained an industrial injury on January 3, 2013. The injured worker reported a slip and fall down stairs with injury to his right lower extremity. The injured worker was diagnosed as having closed fracture of the shaft of the fibula. Treatment to date has included casting of the right lower extremity, medications, imaging of the right lower extremity, physical therapy, and open reduction and internal fixation of the right ankle with subsequent hardware removal. Currently, the injured worker complains of pain in the right ankle with radiation of back pain into the bilateral lower extremities. The pain is associated with numbness, tingling and in the bilateral hands and bilateral legs. The pain is described as intermittent, moderate in intensity and sharp throbbing, burning pain. He rates the pain as a 4 on a 10-point scale. The injured worker reports that his pain has remained unchanged since his injury and he avoids household chores and yard work because of the pain. His treatment plan includes orthotic shoes, consultation with an orthopedic foot surgeon, medications and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 % gel, qty: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Voltaren 1% gel, qty 3 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, compounded topical cream is not medically necessary.