MAXIMUS Federal Services

Case Number:	CM15-0045926		
Date Assigned:	03/18/2015	Date of Injury:	06/24/2013
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 40-year-old male, who sustained an industrial injury on July 18, 2013. He reported left heal pain. The injured worker was diagnosed as having plantar fibromatosis, cavovarus deformity of foot, acquired and pain in the limb. Treatment to date has included diagnostic studies, conservative treatments and medications. Currently, the injured worker complains of continued left heal pain and right foot pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without resolution of the pain. Evaluation on November 12, 2014, revealed continued pain. Orthotics and continued home exercises were recommended. Evaluation on December 22, 2014, revealed continued pain. Physical therapy and a home exercise plan were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." VOLTAREN (DICLOFENAC) (RECOMMENDED FOR OA) MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "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." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for ankle but no evidence of osteoarthritis; as such the request for Voltaren Gel 1 % is not medically necessary.