MAXIMUS Federal Services

Case Number:	CM15-0086762		
Date Assigned:	05/11/2015	Date of Injury:	11/05/2010
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: California, North Carolina
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 61-year-old female, who sustained an industrial injury on 11/05/2010, after slipping on stairs. The injured worker was diagnosed as having status post-saphenous neurectomy right ankle with saphenous nerve transposition. Treatment to date has included right ankle surgery on 2/17/2015. On 4/15/2015, the injured worker reported that she has yet to start the authorized physical therapy due to a scheduling issue. There had been significant improvement in symptoms since the last visit. Right side pain was rated 3/10. She noticed crepitation to her right ankle with range of motion at times. Physical exam noted a thick, well-healed scar to the anterolateral aspect of the right ankle. Current medication regime was not noted. The treatment plan included the start of physical therapy as soon as possible and Voltaren gel was prescribed. Work status was total temporary disability. A post-operative visit note (2/23/2015) noted that pain was well controlled with Norco. On 3/03/2015, pain was rated 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100 gm 3 refills (prescribed 4/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Voltaren gel (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. About topical NSAIDs, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The records indicate that the patient has already been approved for a pain management evaluation; therefore there is no justification for the Voltaren gel in the interim. The request is deemed not medically necessary.