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| Case Number: | CM14-0119217 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/16/2012 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old male with date of injury 08/16/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/12/2014, lists subjective complaints as pain in the right ankle. Objective findings: Physical examination of the right ankle revealed full range of motion with plantar flexion, dorsiflexion, inversion, and eversion. Manual muscle testing was 5/5 in all planes excluding peroneus longus, which was 4/5. Negative anterior drawer, negative deltoid and negative quadriceps test. There was no instability. Diagnosis: MRI findings on 11/26/2013 indicate peroneus longus tendon sheath inflammation and an inversion ankle. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months: Voltaren Gel 1%, #1 SIG: apply topically up to three times daily. Medications: 1. Voltaren Gel 1%, #1 SIG: apply topically up to three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Voltaren® Gel (diclofenac)

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. The request is not medically necessary.