

Case Number:	CM14-0148236		
Date Assigned:	09/18/2014	Date of Injury:	04/23/2009
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient presents with CRPS of the lower extremities and has a history of left ankle fracture. The treater is requesting Voltaren gel for topical application. Progress reports indicate that medications are "somewhat helpful and she is tolerating them fairly well." The MTUS Guidelines states "Efficacy and clinical trials for the topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amendable to topical treatment, recommended for short-term use for 12 weeks. There is little evidence utilize topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (Diclofenac Sodium Topical Gel) 1%: Upheld

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 Topical Analgesics Page(s): 111-113.

Decision rationale: This patient presents with CRPS of the lower extremities and has a history of left ankle fracture. The treater is requesting Voltaren gel for topical application. Progress reports indicate that medications are "somewhat helpful and she is tolerating them fairly well." The MTUS Guidelines states "Efficacy and clinical trials for the topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amendable to topical treatment, recommended for short-term use for 12 weeks. There is little evidence utilize topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Therefore, the request is not medically necessary.