

Case Number:	CM14-0148544		
Date Assigned:	09/18/2014	Date of Injury:	09/17/1998
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for tarsal tunnel syndrome associated with an industrial injury date of 9/17/1998. Medical records from 2/6/2014 up to 8/13/14 were reviewed showing throbbing pain in right leg. She complains of poor ambulation, pain in right foot with radiations to leg, varicose veins pain. She also complains of chronic back pain, right knee pain, right foot pain, poor tolerance to prolonged standing/walking. Physical examination decreased back ROM with flexion and extension. Tinel sign on right tarsal tunnel was positive with pain and tingling sensation. Right foot had decreased ROM especially moving inwardly and tenderness on base of metatarsal area. Neck MRI taken on 10/2013 showed osteophytes, mild cord compromise, and disc extrusion at C2-C6. Treatment to date has included chiropractic care, activity modifications, and shoe inserts. Utilization review from 8/20/2014 denied the request for Voltaren gel 1% 4 grams, QTY: 5 tubes, with 3 refills. There was no documentation regarding the patient's functional deficits and VAS pain scale. The clinical information lacked documentation related to the trials of antidepressants or anticonvulsants and subsequent failure of those medications. In addition, there was a lack of documentation related to the patient having osteoarthritis pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 4 grams, QTY: 5 tubes, with 3 refills: Upheld

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

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

Decision rationale: According to pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the patient has been using this medication since at least 5/2014 with subjective improvement. However, there was no evidence of osteoarthritis. In addition, the targeted body part was not indicated. Therefore, the request for Voltaren gel 1% 4 grams, QTY: 5 tubes, with 3 refills is not medically necessary.