

Case Number:	CM14-0212611		
Date Assigned:	12/30/2014	Date of Injury:	04/20/2011
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, wrist, elbow, knee, and low back pain reportedly associated with an industrial injury of April 20, 2011. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for Voltaren gel and also failed to approve a request for custom metatarsal pads. The custom metatarsal pads were seemingly denied on the grounds that this topic was not covered in the MTUS. The claims administrator referenced a progress note dated October 16, 2014 in its determination. On said October 16, 2014 progress note, the applicant reported persistent complaints of foot pain. The applicant was working 12 hours a day standing on her feet. The attending provider stated that the addition of metatarsal pads would allow the applicant to continue working in her current capacity. Topical Voltaren gel was also suggested for the applicant's metatarsalgia status post earlier second metatarsal fracture. A psychiatry consultation was endorsed. It appeared that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 5 pack, Refills: 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG, Ankle & Foot-Heal Pads

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

Decision rationale: Yes, the request for Voltaren gel was medically necessary, medically appropriate, and indicated here. As noted on 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as the Voltaren gel at issue are recommended in the treatment of arthritis and tendinitis of the knee, elbow, and other small joints which are amenable to topical treatment. Here, the applicant's primary pain generator is residual metatarsalgia status post earlier metatarsal fracture. The applicant's metatarsalgia is, thus, amenable to topical application. Introduction or selection of Voltaren gel, thus, was indicated here. Therefore, the request was medically necessary.