

Case Number:	CM14-0215122		
Date Assigned:	01/06/2015	Date of Injury:	08/20/2012
Decision Date:	02/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 47-year-old male with a date of injury of 08/20/2012. According to progress report dated 11/26/2014, the patient presents with right foot pain. The patient states the pain is in the dorsum of the foot at the level of the second tarsometatarsal joint. The patient's initial x-rays were all negative. The patient eventually underwent an MRI which was obtained at the request of a QME. The results showed a nondisplaced fracture at the base of the second metatarsal. Examination revealed tenderness along the plantar aspect of the second tarsometatarsal joint. Standing examination showed a high arch. He is neurovascularly intact and has full range of motion of the ankle, subtalar joint, and toes. There is slight pain with movement to the second tarsometatarsal joint, but none of the other joints. The listed diagnosis is closed fracture of the metatarsal bone, right second metatarsal base fracture. The patient is currently on modified duty. Treatment plan is for CT scan to see if the fracture is healed. This is a request for Voltaren gel 1%. The utilization review denied the request on 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #1 tube: Overturned

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

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

Decision rationale: This patient presents with right foot pain. The current request is for Voltaren gel 1%. MTUS page 111 of chronic pain section states the following regarding topical analgesics, largely experimental and used with few randomized control trials to determine efficacy or safety. The MTUS Guidelines page 111 supports the use of topical NSAID for peripheral joint arthritis and tendinitis-type conditions. The utilization review denied the request stating that the medical necessity is not established as there is no indication that the claimant has increased functionality with the use of pain medications. The medical file provided for review includes progress reports from 07/02/2014 through 11/26/2014, which provide no discussion regarding this medication. It appears to be an initial request. Given the patient's ankle and foot pain, a trial of Voltaren gel is within guidelines. This request is medically necessary.