

Case Number:	CM15-0010253		
Date Assigned:	01/27/2015	Date of Injury:	09/12/2012
Decision Date:	03/17/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/17/2015

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 & Rehabilitation

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 injured worker is a 25 year old male, who sustained a work injury while falling off a ladder onto a metal roof on 9/12/12 sustaining injury to his face, ribs, and left distal radius. On 9/12/12, surgery was performed on the open fracture to the left distal radius to include irrigation, debridement, and open reduction and internal fixation. A Computed Tomography (CT) of the head was done on 9/12/12 that reported left periorbital soft tissue hematoma. CT of the chest reported multiple non-displaced fractures of the left posterior ribs, tiny left sided pneumothorax without lung collapse, left lung contusion, some extrapleural hemorrhage. He has reported symptoms of pain to left upper back and shoulder. Past medical and surgical history was negative. Treatment to date has included diagnostics, analgesics, physical therapy, and orthopedic care. Follow up MRI reported pronounced ulnar extension of the dorsal aspect of the sigmoid notch at the level of the distal radial ulnar joint. The treating physician ordered Mobic for pain, Voltaren gel 1% for topical pain relief, and also for a pulmonary consult due to chest pain and respiratory evaluation. On 12/20/14, Utilization Review non-certified Voltaren gel 1% (100 gm tube), noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Voltaren gel 1% 100gm tube: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment for this chronic injury. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted chronic pain symptoms with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury. The One (1) prescription of Voltaren gel 1% 100gm tube is not medically necessary and appropriate.