

Case Number:	CM15-0110744		
Date Assigned:	06/17/2015	Date of Injury:	06/11/2013
Decision Date:	07/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/09/2015

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 29 year old female, who sustained an industrial injury on 6/11/13. She has reported initial complaints of a left ankle injury. The diagnoses have included chronic left foot medial ankle pain status post ligament repair surgery 1/2014, low back pain and myofascial pain. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 5/19/15, the injured worker complains of left ankle pain that remains unchanged. She has tried medications Gralise, Neurontin and Elavil without benefit. She has a burning sensation at the medial left ankle and has difficulty with sleeping due to pain caused by the sheets. She is noted to guard the area. The objective findings reveal there is hyperalgesia to very light touch over the medial malleolus around the surgical scar and with deeper pressure there is pain that will radiate to the left heel area. The injured worker has decreased left foot dorsiflexion and plantar flexion compared to the right. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left ankle. The current medications included Naprosyn and Voltaren gel. The work status is modified with restrictions. The physician requested treatment included Voltaren gel to the left ankle area quantity of 5 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel quantity 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. 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 with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic over oral formulation for this chronic injury of January 2014 without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Voltaren posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Voltaren gel quantity 5 tubes is not medically necessary and appropriate.