

Case Number:	CM15-0125330		
Date Assigned:	07/09/2015	Date of Injury:	06/16/2014
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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, Hawaii
 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 60 year old female, who sustained an industrial injury on 6/16/2014. Diagnoses include left sesamoiditis and pain in limb. Treatment to date has included diagnostics, work restrictions, cortisone injections, arch supports, cushions, topical analgesics and oral medications. Per the Primary Treating Physician's Progress Report dated 5/21/2015, the injured worker reported pain in the left foot first metatarsal head. She was bending up on her tippy toes to put something on shelf when she started developing pain in the plantar aspect of the first metatarsal head. Physical examination of the left lower extremity revealed tenderness on palpation of the plantar aspect of the left first metatarsal head, more on the fibular sesamoid compared to the tibial sesamoid. The plan of care included topical medications and authorization was requested for Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID.

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

Decision rationale: The patient presents with pain affecting the left foot. The current request is for Voltaren Gel 1% TID. The treating physician report dated 5/21/15 (23B) states, "The patient complains of pain with the left foot first metatarsal head." The report goes on to state, "Voltaren gel to apply to affected area three times daily." The MTUS guidelines state the following regarding topical NSAIDs: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, there is no documentation of Osteoarthritis or tendinitis of the patient's left foot in the documents provided for review, and topical NSAIDs are not recommended for neuropathic pain. Furthermore, the current request does not specify a quantity of Voltaren Gel to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.