

Case Number:	CM15-0128615		
Date Assigned:	07/15/2015	Date of Injury:	06/11/2013
Decision Date:	08/10/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 29-year-old female, who sustained an industrial injury on 6/11/13. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic left foot/medial ankle pain; status post ligamenta repair surgery 1/2014; low back pain; myofascial pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6/16/15 indicated the injured worker was in the office for further evaluation of left ankle pain. She was last seen on 5/19/15. Since that time, she has been struggling with pain. She has tried and failed Relafen, Norco, Elavil and Gralise. She reports a denial of the Voltaren gel because it is not a first line therapy. She reports to the provider she has a flare-up of the ankle pain over the weekend. She was walking and her ankle gave way and fell on her knee. She now has clicking sensation in her knee and she is unable to put weight on the left knee for any length of time. She is limping on this day. Her current medications are listed as Naprosyn 550mg, Ultracet 37.5/325mg and Voltaren gel. Objective findings note she continues tenderness to very light touch over the left ankle. She also continues tenderness over the joint line on the left knee. There is some crepitus with flexion and extension with the knee popping every time she extends it from flexion position. The knee appears stable on varus and valgus stress testing, but the drawer test does cause some pain. The provider is requesting authorization of Voltaren Gel #5 tubes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel, #5 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Nonselective NSAIDS Page(s): 111, 107.

Decision rationale: Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, the patient has been complaining of left ankle pain. It has been reported that the patient has tried and failed Relafen, Norco, Elavil and Gralise; however, there is no evidence that the patient did exhaust all oral NSAID therapy options and is not clear why a topical medication was preferred over a more common oral one. Therefore, the request for Voltaren Gel 1% QTY 1 is not medically necessary.