

<b>Case Number:</b>	CM15-0145633		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female with a date of injury on 5-3-11. A review of the medical records indicates that the injured worker is undergoing treatment for left and right ankle pain. Progress report dated 6-18-15 reports continued complaints of left ankle pain. The pain is rated 4 out of 10 with medication and 8 out of 10 without medication. She reports her activity level has decreased. She is taking medications as prescribed and states they are working well with no side effects. Upon exam, she has tenderness to palpation over the left lateral ankle and left plantar fascia attachment. She has pain with bilateral ankle range of motion. Norco 10-325 mg was increased 1 tab 2-3 times per day. She needs 3 for adequate pain control and increased functional ability to carry out activities as well as part time work. Urine screen done at this visit. Voltaren gel is stated as a help to avoid increasing opiate medication. MRI of left foot on 7-27-11 revealed mild plantar fasciitis involving the proximal segment of the plantar fascia at its insertion upon small calcaneal spur. Treatments include medication, shoe inserts and 4 injections. Request for authorization dated 6-22-15 was made for hydrocodone-acetaminophen 10-325 mg, 1 tablet by mouth 3 times a day as needed quantity 90 refill 1 and Voltaren gel 1% gel apply 2 gm to the left foot and ankle 3 times a day as needed quantity 200 refill unspecified. Utilization review dated 6-29-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 mg Qty 90 with 1 refill, 1 tablet by mouth 3 times daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.

**Voltaren 1% gel, Qty 200 gm, refill unspecified, apply 2 gm to the Left Foot & Ankle 3 times daily as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Diclofenac/Voltaren gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The claimant was on Voltaren gel for several months along with Hydrocodone. Long-term use is not indicated. The continued use of Voltaren gel is not medically necessary.