

Case Number:	CM15-0174525		
Date Assigned:	09/16/2015	Date of Injury:	09/16/2013
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/04/2015

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: Texas, 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 35 year old male patient, who sustained an industrial injury on 9-16-13. The diagnoses include persistent bilateral knee pain, persistent low back pain with radiation of pain into right lower extremity and status post left ankle surgeries. Per the doctor's note dated 8/26/15, he had complaints of no significant changes in left foot symptoms. The physical examination revealed no palpable motion across the subtalar joint and improved pain over the subfibular and posterior lateral ankle. Per the medical records dated 6-30-15 through 7-28-15 the patient had complains of back and knee pain. Physical exam dated 6-30-15 revealed left knee weakness, ankle dorsiflexors, extensors, and 2cm atrophy of left calf. The medications list includes Tramadol 50mg and Voltaren gel 4g. He has undergone left ankle surgery on 3/26/15. He has had magnetic resonance imaging (MRI) of thoracic and lumbar spine on 7-2-14 with unremarkable findings and magnetic resonance imaging (MRI) of left knee dated 7-21-15, which revealed a very subtle fatigue line at the medial aspect of the proximal tibia and potential stress fracture; EMG/NCS lower extremities dated 8/21/15 with normal findings. He has had physical therapy visits for this injury. The original utilization review dated 8-31-15 indicates the request for 30 day supply of Voltaren gel 1% is non-certified noting topical non-steroidal anti-inflammatory drug (NSAID) are recommended for short term use and dosage and frequency of medication use was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) day supply of Voltaren gel 1%: 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): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15)Voltaren® Gel (diclofenac).

Decision rationale: Thirty (30) day supply of Voltaren gel 1%. The cited Guidelines regarding topical analgesics state, "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." Any intolerance or contraindication to oral medications (other than NSAID) is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The medical necessity of Thirty (30) day supply of Voltaren gel 1% is not established for this patient at this time.