

Case Number:	CM15-0062401		
Date Assigned:	04/08/2015	Date of Injury:	11/27/2013
Decision Date:	05/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 11/27/2013. He reported left ankle injury while exiting his truck. The injured worker was diagnosed as having foot pain, hip pain and bursitis and ankle surgery (2014). There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medications. In a progress note dated 3/2/2015, the injured worker complains of left ankle and foot pain that has characteristics of a neuropathic pain syndrome. Early CRPS has been suggested. The treating physician is requesting Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 4gm QTY: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Guidelines do not recommend topical Voltaren gel for long term use nor do the Guidelines support its use of neuropathic pain. This individual has a chronic pain syndrome with neuropathic characteristics both of which make Voltaren gel inconsistent with Guidelines. There are no unusual circumstances to justify an exception to Guidelines, the Voltaren gel 1% 4gm QTY 5 is not medically necessary.