

<b>Case Number:</b>	CM15-0068669		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38 year old male who sustained an industrial injury on 09/30/2014. Current diagnoses include foot pain-right and sprain/strain of ankle-right. Previous treatments included medication management, CAM walker boot and crutches, steroid injection, and physical therapy. Previous diagnostic studies included right ankle x-rays and MRI. Initial complaints included injuries to the right foot after mis-stepping off the back of a truck, feeling immediate pain in the anterior and lateral aspect of the right foot and ankle. Report dated 03/06/2015 noted that the injured worker presented with complaints that included right ankle pain and weakness. Pain level was rated as 2 out of 10 (best), 7 out 10 (worst), and 4 out of 10 (average) on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included prescribed medications to decrease pain and optimize function and activities of daily living, request additional physical therapy, return for follow up in four weeks. Disputed treatment includes Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel, apply 4 grams to the right ankle 3 times a day as needed for pain, #300 grams:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

**Decision rationale:** The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Voltaren (diclofenac) 1% gel is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing right ankle pain, headaches, and right foot and ankle weakness. These records concluded the worker was suffering from strain/sprain. The worker's symptoms continued to slowly improve with conservative management, but additional medication was needed. These records indicated this treatment was not previously used. In light of this supportive evidence, the current request for 300g of Voltaren (diclofenac) 1% gel with 4g applied to the right ankle three times daily as needed for pain is medically necessary.