

Case Number:	CM15-0077351		
Date Assigned:	04/29/2015	Date of Injury:	09/29/2014
Decision Date:	06/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/22/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 (IW) is a 39 year old female who sustained an industrial injury on 09/29/2014. She reported a dog bite on the right foot. The injured worker was diagnosed as having a dog bite, open wound foot (uncomplicated). Treatment to date has included self-massage, Motrin as needed, open top shoes, and limited standing/walking to 40 min/hour, and sit for 20 minutes per hour. Topical Bacitracin ointment and crutches were ordered. Currently, the injured worker complains of a secondary hyperesthesia of the skin with hypersensitivity of the scar when it comes in contact with hot or cold water. The IW plans to follow up with a podiatrist on 03/20/2015. The scar on her right foot is tender to palpation over the proximal end of the scar. Light stroking of the skin over the scar area reproduces local parenthesis. There is no erythema or edema. Neurovascular function is intact and there is full range of motion of all digits. Voltaren Gel Qty 1 is ordered for topical application to the foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Diclofenac.

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. 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. In this case, documentation in the medical record does not support the diagnosis of osteoarthritis. Voltaren gel is not indicated. The request is not medically necessary.