

Case Number:	CM15-0078208		
Date Assigned:	05/28/2015	Date of Injury:	01/03/2012
Decision Date:	07/10/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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 57 year old female patient, who sustained an industrial injury on January 3, 2012. The injury occurred when another co-worker accidentally ran into the back of her right foot with a cardio machine and was pushed against a wall. The diagnoses include hallux valgus, mononeuritis, major depression disorder, hypertension, angina, insomnia, chronic pain disorder and right foot and ankle pain and status post 5 right foot surgeries. Per the note dated 4/23/15, she had complaints related to the right foot. According to progress note dated April 2, 2015, She used two canes or two crutches for ambulation or a wheeled walker. She was unable to drive due to unable to sue the right foot. The physical exam revealed extensive atrophy of the right foot, decreased sensation to light touch throughout the foot, tenderness with palpation throughout the right heel and no obvious inflammation. The medications list includes Ibuprofen, Norco, Tizanidine, Trazodone, Voltaren Gel 1%, Zoloft and Neurontin. She has undergone five right ankle and foot surgeries. She has had right foot/ankle MRI on 2/10/2012; right foot x-ray which showed proper placement of the right foot hardware and right foot hardware removal. She has had physical therapy sessions, home activities, home exercise program, pain coping skills group, cognitive behavioral education group, walker, right leg rest walker, two canes or crutches and functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, 13 day supply, #100 with 2 refills: Upheld

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, pages 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Voltaren Gel (diclofenac).

Decision rationale: Voltaren gel 1%, 13 day supply, #100 with 2 refills. 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 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 Voltaren gel 1%, 13 day supply, #100 with 2 refills is not established for this patient at this time.