

Case Number:	CM15-0094095		
Date Assigned:	05/20/2015	Date of Injury:	08/15/2013
Decision Date:	06/19/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 37 year old male, who sustained an industrial injury on 08/15/2013. On provider visit dated 05/05/2015 the injured worker has reported right ankle pain. On examination, he was noted to have antalgic gait and tenderness of the Achilles tendon, peroneus long and brevis and the retro calcaneal bursae. The diagnoses have included peroneus brevis tenosynovitis. Treatment to date has included cam walking boot and medication including hydrocodone, ibuprofen, Oxycodone, Percocet and Voltaren gel. Per documentation, the Voltaren gel was first prescribed on 10/2014. The provider requested Voltaren gel to apply to affected areas by topical route 4 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs.

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

Decision rationale: Voltaren gel is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The documentation indicates that the patient has been using Voltaren longer than the 4-12 week recommended time period. There are no extenuating circumstances documented necessitating long term use. Furthermore, the request does not indicate a strength or a quantity and is therefore not medically necessary.