

Case Number:	CM14-0137063		
Date Assigned:	09/03/2014	Date of Injury:	03/31/2009
Decision Date:	12/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has a filed a claim for chronic ankle pain reportedly associated with an industrial injury of March 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; earlier ankle surgery in November 2012; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 31, 2014, the claims administrator denied a request for Voltaren gel. The principle basis for the denial was the fact that Voltaren gel was considered an ODG non-formulary 'N' drug. The claims administrator stated that there was no evidence that formulary drugs have been attempted before Voltaren gel considered. The claims administrator stated that it was basing its denial on July a 24, 2014, Request for Authorization (RFA) form and associated progress note of June 26, 2014. Neither of this particular progress note nor the associated RFA form, however, were incorporated into the independent medical review packet. The applicant's attorney subsequently appealed. In a July 11, 2013 progress note, the applicant reported ongoing complaints of ankle pain status post earlier ankle surgery of November 30, 2012. The applicant was placed off of work, on total temporary disability. Additional physical therapy and/or ankle viscosupplementation injections were endorsed. On August 26, 2013, the applicant was, once again, placed off of work, on total temporary disability. Additional physical therapy was sought. There was no discussion of medication selection or medication efficacy on that date. In a December 5, 2013 progress note, the applicant reported persistent complaints of pain. The applicant was doing restricted duty at work, was doing relatively well, but was still experiencing some pain with running activities. In May 1, 2014 progress note, the applicant reported persistent complaints of ankle pain. The attending provider noted that multiple treatments, including physical therapy and orthotics, had been denied. The applicant was making slow and steady progress, it was acknowledged. The

applicant was working as a custody assistant at [REDACTED]. The applicant's job involved restraining combative inmates. Orthotics were endorsed. There was no mention of the need for Voltaren gel on this occasion. It was stated on multiple occasions, including on May 1, 2014, that the applicant had sequela of right ankle injury which included arthritic changes of the tibiotalar joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, #2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis, which lends itself toward topical application, such as, for instance, the ankles and feet, the primary pain generators here. The applicant does have issues with ankle arthritis status post earlier ankle surgery, the attending provider has acknowledged on several progress notes, referenced above. Introduction of Voltaren gel was seemingly indicated on or around the date in question, July 22, 2014. While it is acknowledged the July 22, 2014 Request for Authorization form and associated progress note of June 26, 2014 on which the article in question was seemingly sought was not incorporated into the independent medical review packet, the information which is on file does seemingly establish the presence of a condition, ankle arthritis, for which introduction of Voltaren gel was seemingly indicated on or around the date in question. Therefore, the request was medically necessary.