

Case Number:	CM13-0016025		
Date Assigned:	10/11/2013	Date of Injury:	11/08/2010
Decision Date:	01/15/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 physician 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 patient is a 66-year-old female who reported an injury on 11/08/2010 with a mechanism of injury that was not provided. The patient was noted to have pain in the bilateral ankles and was noted to wear an Unna boot to relax the pain. The patient's motor strength was 5/5 in all lower extremities and the patient was noted to have increased edema in the bilateral ankles. The diagnoses were noted to include status post ankle sprain secondary to fall and weakness on the left, peroneal tendinitis left greater than right, myalgia, bursitis, capsulitis, edema, and pain. The request was made for 1 prescription to continue with anti-inflammatories between 6/6/2013 and 9/7/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription to continue with anti-inflammatories between 6/6/2013 and 9/7/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The California MTUS Guidelines recommend anti-inflammatories to reduce pain so activity and function restoration can resume but long-term use may not be warranted. The

patient was noted to have bilateral edema. The clinical documentation submitted for review failed to provide the Final Determination Letter for IMR Case Number [REDACTED] 3 exact medication that was being requested and the quantity being requested. It failed to provide the efficacy of the medication as well as the exceptional factors to support long-term use. Given the above, the request for 1 prescription to continue with anti-inflammatories between 6/6/2013 and 9/7/2013 is not medically necessary.