

<b>Case Number:</b>	CM13-0046448		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/23/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 33-year-old female with date of injury on October 23, 2011. The progress report dated October 01, 2013 by [REDACTED] indicates that the patient's diagnoses include strain/sprain of the left anterior talofibular ligament, pain in the lower extremity, and tendinitis. The patient continues with pain and swelling in the left ankle. The patient continues to work 20 hours per week. The patient relates that she is going to apply pain cream to the left ankle starting now. The patient states she continues medication; however, she is out of the diclofenac. Exam findings included tenderness to the peroneal tubercle. There is tenderness to anterior talofibular ligament and also pain with palpation of the sinus tarsi. The patient demonstrates 2+/4 swelling of the left ankle. Utilization review letter dated October 28, 2013 issued a modification for request for diclofenac gel 1% 100g. The appeal letter dated November 22, 2013 indicated that the patient was prescribed 60 oral tablets of 100-mg diclofenac, which the patient had used in the past with significant relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg, #60, for the left ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, page 22 Page(s): 22.

**Decision rationale:** According to the California MTUS guidelines, anti-inflammatory are the traditional first-line of treatment to reduce pain so activity and functional restoration can resume. The patient continues with significant pain in the left ankle with associated tenderness and swelling. Treating physician indicates that the patient has been using diclofenac 100mg on an 'as needed' basis at approximately one (1) pill every other day with good benefit. The record appeared to indicate that this patient has reported good benefit from past use of the diclofenac medication. Therefore, authorization is recommended.