

Case Number:	CM14-0139475		
Date Assigned:	09/05/2014	Date of Injury:	10/14/2003
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 72-year-old female who reported an injury on 10/14/2003 due to an unknown mechanism. Diagnosis was joint derangement, ankle. Physical examination on 07/31/2014 revealed constant pain in the left ankle/foot that was aggravated by ascending and descending stairs, lifting, and bending. The pain was rated 6/10. Examination of the ankle/foot revealed tenderness over the anterior portion of the ankle. There was pain with inversion and eversion of the ankle, which were full. There was no evidence of instability. There was no apparent swelling. Strength was normal. Medications were Voltaren SR 100 mg, cyclobenzaprine, sumatriptan, succinate, ondansetron, omeprazole 20 mg, quazepam, tramadol, Cidaflex, ketoprofen, Norco, Terocin patch, and Menthoderm gel. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #120, Day supply 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Diclofenac Sodium ER 100mg #120, Day supply 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The efficacy of this medication was not reported. There was no documentation of objective functional improvement for the injured worker. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.