

Case Number:	CM14-0173934		
Date Assigned:	10/27/2014	Date of Injury:	02/06/2001
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 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 patient is a 46 year-old female with the date of injury of 02/06/2001. The patient presents with pain in her right ankle and foot, aggravates by walking, standing or weight-bearing activities. The patient rates her pain as 9/10 on the pain scale without medication and 3/10 with medication. There is limitation of motion of the subtler joint at 8/20 degrees, dorsiflexion is 5/10 degrees. There is moderate tenderness to the lateral inferior gutter of the right ankle. The patient is currently taking Carisoprodol-soma, Katamine, Nabumetone-relafen, Hydrocodonebit, Pantoprozole and Diclofenac sodium. The patient is currently working. According to [REDACTED] report on 08/19/2014, his diagnosis is pain in joint ankle foot. The utilization review determination being challenged is dated on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/16/2013 to 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Diclofenac Sodium 1.5% 60gm (Date of service: 8/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with pain in her right ankle and right foot. The patient is s/p arthroscopic debridement and lateral ankle stabilization on 02/16/2012. The request is for Diclofenac sodium 1.5% 60mg. MTUS guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed. " It indicates "FDA-approved agents: Voltaren Gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). " The patient has been utilizing Diclofenac sodium 1.5% 60gm 3 times a day since at least 10/21/2014. In this case, the treating physician requested Diclofenac cream for the swelling and inflammation in the ankle. None of the reports provide information about the patient's osteoarthritis condition. The request is not medically necessary and appropriate.