

Case Number:	CM14-0023015		
Date Assigned:	05/14/2014	Date of Injury:	09/01/2011
Decision Date:	10/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 36 year old male with date of injury 9/1/2011. The mechanism of injury is stated as tripping over some boxes and twisting his left ankle. The patient has complained of left ankle pain since the date of injury. He has been treated with physical therapy and medications. MRI of the left ankle performed in 05/2013 revealed chronic scarring of the anterior tibiofibular and calcaneofibular ligaments. Objective: left ankle: positive anterior drawer sign, mild soft tissue swelling at the lateral ankle, analgic gait and weak eversion. Diagnoses: left ankle ligamentous laxity, peroneal tendinitis. Treatment plan and request: Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100 mg #30 X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: This claimant has complained of left ankle pain since date of injury 9/1/2011. The claimant has been treated with physical therapy and medications to include diclofenac since at least 09/2013. The current request is for Diclofenac. Per the MTUS guideline

cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least a 9 month period for left ankle pain. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not medically necessary.