

Case Number:	CM14-0029741		
Date Assigned:	04/09/2014	Date of Injury:	11/26/2002
Decision Date:	05/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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 61 year old male who was injured on 11/26/2002. According to UR notes the progress note dated 01/03/2014 noted ongoing complaints of right ankle pain. As noted are low back and left leg pain. The pain is rated 8/10. It is also reported that the patient was seen on an every two week basis. A co morbidity of depression is also noted. A recent clinical evaluation supported obtaining repeat imaging studies (CT of the right ankle/foot), and the study is pending. Also, electrodiagnostic testing is also pending. MRI lumbar spine noted multiple level disc bulges. There were other degenerative changes and no evidence of a nerve root encroachment is reported. The physical examination notes this 5'6, 209-pound individual to be in no acute distress. There is a healed surgical scar on the medial and lateral malleoli of the right ankle. A limited range of motion is noted with plantar flexion being 10 and dorsiflexion being 5. Straight leg raise is mildly positive on the left. It is also noted that the non-steroidal is applied topically as the patient is unable to tolerate oral non-steroidal medications.

Progress note dated 03/17/2014 documents the patient returns for follow up. He continues to complain of pain in the right ankle. He also complains of low back pain. His left ankle has really been bothering him. It hurts to put weight on the left foot. His left foot has been hurting even at night. He rates his pain as 7/10 without the pain medications and 5/10 with the pain medications. His pain is aggravated by prolonged standing, walking, bending and lifting and alleviated by lying down, medications and physical therapy. He has been using the Arizona brace for the right foot, but finds it uncomfortable.

He has been using the orthotics regularly. On physical examination he has a healed surgical scar in the medial and lateral malleoli of the right ankle. He has deformity in the right foot. He

has limited range of motion of the right ankle with dorsiflexion 0-5 degrees and plantar flexion 0-10 degrees. There is tenderness over the right subtalar joint. There is numbness in the dorsal aspect of the right foot. SLR is mildly positive on the left. He has flat feet. He has some swelling on the left ankle. There is joint enlargement of the left ankle. Reflexes are 2+ for bilateral quadriceps and 1+ for the left gastrosoleus and unable to elicit the right gastrosoleus reflex. He ambulates independently with a standard cane with an antalgic gait.

Diagnoses: Right sided ankle injury/tendon tear, status post repair., Status post multiple surgeries on the right ankle including right ankle fusion., Low back pain., Lumbar degenerative disc disease., Lumbar discogenic pain., Spondylolisthesis of L4 on L5., Dorsal lateral annular fissure at L4-5., Mild spinal stenosis at L4-5. Discussion/Treatment Plan: The patient continues to complain of right ankle pain. His left ankle has been bothering him a lot. The pain is even prominent at night when he goes to bed. I have requested authorization for consultation regarding left ankle, which has not yet been approved. I will request authorization for consultation for both ankles. He will continue Voltaren gel prn. The Voltaren gel helps with the pain and inflammation. He is unable to tolerate oral NSAIDs.

PR-2 dated 11/13/2013 documented the patient with complaints of numbness/tingling, hip/buttock pain, loss of interest, worry, recurrent fears, low back pain, easily distracted, anxious feelings, muscle weakness, unclear thinking, loss of thoughts, forgetfulness, problem solving difficulties, depression, trouble sleeping, irritability, overwhelmed by stress, anger and a loss of sexual desire. The patient's mood was stable and affect pleasant. Treatment: The patient was sent for cognitive behavioral psychotherapy. He admits to being depressed and worried. He explained that he recognizes his physical limitations and it might interfere with his ability to care for himself.

He notices that his financial status is waning and he has no way of replacing his financial resources. He worries how he will care for himself. He admits that he does not share his depression and worry. Keeping these dysphoric experiences to him does not work towards any relief of a resolution. In therapy he is able to hear and think through his situation a bit better. Today he realized that he is trying to solve a problem with an old solution that is no longer viable. He wonders if possibly that is part of the reason he is having problems adjusting to his change in functional ability. He is to continue authorized cognitive behavioral psychotherapy. This was the last session of authorized therapy. I will request four month of individual cognitive behavioral psychotherapy twice a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM GEL 10MG: Overturned

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 NSAIDs Page(s): 66-67.

Decision rationale: Provider notes that this topical gel is helping with pain and inflammation and further notes that he is unable to tolerate oral NSAIDs. It appears the

provider is avoiding opioids in this difficult patient this medication warrants a deviation from the guidelines and is medically appropriate.