

Case Number:	CM14-0057707		
Date Assigned:	07/09/2014	Date of Injury:	04/05/2001
Decision Date:	09/16/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old individual was reportedly injured on April 5, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 7, 2014, indicated that there were ongoing complaints of right foot pain. There has not been any change subsequent to the prior evaluation. Multiple medications were being employed. The physical examination demonstrated a 5'4", 257-pound individual who has an antalgic gait. The assessment of both knees was noncontributory. Examination of the right ankle reveals no erythema, ecchymosis or deformity. The physical examination of both feet was within normal limits. There was some tenderness to palpation noted over the left heel. Motor function was described as 5/5, and sensory was intact. Diagnostic imaging studies were not presented. Previous treatment included multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5% topical solution, 10-20 drops to affected area up to four times a day with one refill: Upheld

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

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

Decision rationale: This preparation is a topical solution of the medication diclofenac. As outlined in the MTUS, this nonselective non-steroidal anti-inflammatory medication is not recommended for first-line use secondary to its increased risk profile. Furthermore, when noting the clinical situation described, there is no clinical indication presented to support the ongoing use of this medication, particularly in an individual of this age and with the side effect profile. Furthermore, there is no demonstrated efficacy with use of this medication as the pain complaints are unchanged. Therefore, based on the clinical information presented for review, this is not medically necessary.

Mobic 15mg tablet, one a day for 30 days with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: As an oral non-steroidal anti-inflammatory medication, this is indicated for the treatment of arthritis. The physical examination makes no reference to this diagnosis. Furthermore, there are no radiographic studies supporting such a degenerative process. While noting the date of injury and the ongoing complaints of pain and by the nearly wholly normal physical examination, there simply is no clinical indication to continue the medical necessity of this preparation. Therefore, the request is not medically necessary.