

Case Number:	CM15-0100936		
Date Assigned:	06/03/2015	Date of Injury:	03/12/2014
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 34-year-old male who sustained an industrial injury on 03/12/2014. He reported a fall from a ladder approximately 20 feet with resultant loss of consciousness and fractures of the right ankle, right wrist, and lumbar spine. His diagnoses include open reduction internal fixation (ORIF) of the right ankle (3/2014), with a residual restriction in range of motion for ankle dorsiflexion by about 50%,lumbar spine ORIF (03/2014) with mild residual pain, right wrist ORIF (03/2014), gait impairment, contracture joint ankle foot, and pain in limb. Treatment to date has included the initial surgeries, post-operative physical therapy, and pain management services. Currently, the injured worker complains of mild pain in the lower back and persistent pain in the right ankle that is rated a 4/10. On exam, he has diminished range of motion in the right ankle and increased pain after walking. His medication use is minimal and rest usually alleviates his pain. He is concerned about the persistent pain in the ankle and his ability to walk and work again. X-rays show intact hardware in his lower back, and the worker reports no significant back pain at this time. He denies any gastrointestinal, genitourinary, cardio/respiratory, neurologic or psychiatric problems. He has borderline hypertension. Treatment plans include awaiting a response on a recent request for more physical therapy, and a request for authorization for topical Diclofenac Sodium 1.5% 60gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Diclofenac Sodium 1.5% 60gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Regarding the request for topical Diclofenac, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Diclofenac. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Diclofenac is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical Diclofenac is not medically necessary.