

Case Number:	CM15-0167432		
Date Assigned:	09/08/2015	Date of Injury:	06/20/2013
Decision Date:	10/07/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

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 is a 66-year-old male who experienced an industrial injury on June 20, 2013, which resulted in right ankle and wrist pain. Diagnoses included right fibular fracture and right distal ulnar fractures. Documented treatment includes 160 hours of participation in a functional restoration program which is documented as improving his functionality and coping, and medication which helps with pain, but anti-inflammatory medication is reported to have caused stomach discomfort. The injured worker continues to present with right ankle pain, which radiates into his right calf, and is worse with walking and twisting movements. The treating physician's plan of care includes Diclofenac sodium 1.5 mg. Work status is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5mg 60g #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: The claimant sustained a work-related injury in June 2013 and is being treated for right ankle and wrist pain after he was run over by a taxicab while repairing another vehicle. When seen, Gabapentin was causing side effects. He was having constant anxiety. Review of systems was positive for heartburn and there was a past medical history of gastroesophageal reflux disease. Physical examination findings included an antalgic gait. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has gastroesophageal reflux disease and is over age 65. He has localized ankle and wrist pain that appears amenable to topical treatment. Generic medication is available. This request for topical Diclofenac appropriate and is considered medically necessary.