

Case Number:	CM14-0137574		
Date Assigned:	09/05/2014	Date of Injury:	10/07/2007
Decision Date:	10/08/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 33 year-old female who reported a work related injury on 10/07/2007 due to descending from a ladder and rolling her left ankle that caused immediate pain and swelling. The injured worker was treated with a short leg walking cast, CAM walker boot, AOS brace, and 36 sessions of physical therapy for the left ankle ligament tear. The injured worker had a left ankle arthroscopy, a subtalar arthroscopy, and lateral; collateral ligament reconstruction on 11/03/2008. Within the documentation there were no updated subjective and objective findings. The most recent physical examination was noted to be dated 06/02/2009. The treatment plan and request for authorization form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%, (30 day supply), #30, (no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: The request for Lidocaine Pad 5%, (30 day supply), #30, no refills is not medically necessary. As for topical Lidocaine, the formulation of the brand Lidoderm patch is

the only formulation recommended, and there are no other commercially approved topical formulations of Lidocaine whether creams, lotions or gels indicated for pain. As such, the request for Lidocaine Pad 5%, (30 day supply), #30, no refills is not medically necessary.

Diclofenac DR Tab 75mg (45 day supply), #90 (with no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), Page(s): 67-68.

Decision rationale: The request for Diclofenac DR Tab 75 mg (45 day supply), #90 with no refills is not medically necessary. The MTUS Guidelines state that Diclofenac and other NSAIDs are recommended at the lowest dose for the shortest period of time in individuals with moderate to severe osteoarthritis pain. The injured worker was not noted to have a diagnosis of osteoarthritis. Additionally, Diclofenac is not recommended as a first-line medication or for prolonged use due to its increased risk profile. As such, the request for Diclofenac DR Tab 75mg 45 day supply, #90 with no refills is not medically necessary.