

Case Number:	CM15-0110429		
Date Assigned:	06/17/2015	Date of Injury:	07/05/2014
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 36-year-old female, who sustained an industrial/work injury on 7/5/14. She reported initial complaints of pain to right ankle and foot. The injured worker was diagnosed as having pain in joint-ankle/foot. Treatment to date has included medication, physical therapy, splinting, bracing, rest, EMG/NCV testing, and cortisone injection. MRI results were reported on 8/4/14 of the right ankle and foot revealed no evidence of occult fractures, a subcortical cyst in the plantar aspect of the lateral cuneiform with is likely degenerative. Electromyography and nerve conduction velocity test (EMG/NCV) was performed and demonstrated right sural sensory neuropathy. Currently, the injured worker complains of right ankle pain that is located anterior to the lateral malleolus with some radiation into her right lateral calf. Per the primary physician's progress report (PR-2) on 4/30/15, examination noted antalgic gait, normal musculature without atrophy, normal muscle strength, and tender ligaments on the right ankle anterior to the lateral malleolus. Current plan of care included referral and topical cream. The requested treatments include Diclofenac Sodium 1.5% (Pennsaid).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% (Pennsaid) (4/2/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Pennsaid (diclofenac sodium topical solution).

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

Decision rationale: Use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical Diclofenac is an NSAID. It has been prescribed for over 3 months. In addition, the claimant does not have the above diagnoses. The continued and long-term use of Diclofenac is not medically necessary.