

Case Number:	CM15-0117459		
Date Assigned:	06/25/2015	Date of Injury:	09/28/2011
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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

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 58 year old female, who sustained an industrial/work injury on 9/28/11. She reported initial complaints of left foot pain with fracture. The injured worker was diagnosed as having pain in joint ankle/foot, arthropathy, and chronic pain. Treatment to date has included medication and brace. Currently, the injured worker complains of left ankle pain. Brace is being used on the ankle and it feels helpful on using Diclofenac. Currently, the injured worker complains of a upper respiratory infection and results of using diclofenac/brace for the ankle. Per the primary physician's progress report (PR-2) on 3/5/15, exam noted obvious upper respiratory infection, brace on ankle gait is satisfactory, overall status quo regarding the ankle/foot. Exam on 3/17/15 noted wearing Richie-like brace, minimal swelling and neurovascular status intact. Current plan of care included medication and follow up care. The requested treatments include Diclofenac Sodium Extended release 75mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium Extended release 75mg quantity 40 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatories; Non Steroidal Anti Inflammatory Drugs Page(s): 22; 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac Sodium Extended release 75mg quantity 40 with one refill is not medically necessary and appropriate.