

Case Number:	CM13-0056289		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2011
Decision Date:	05/06/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/22/2013

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 Occupational Medicine, and is licensed to practice in California. 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 patient is an employee of the [REDACTED] and has submitted a claim for anxiety associated with an industrial injury date of July 23, 2011. A utilization review from November 15, 2013 denied the request for flector patches due to no support for use of this medication. Treatment to date has included oral pain medications, topical pain medications, physical therapy, and pain psychology. Medical records from 2013 through 2014 were reviewed showing the patient complaining of right ankle pain and right knee pain. The pain is reported to be at 8-9/10 on the VAS scale. The patient works part time and attends school part time. The patient has been using Flector patches for localized pain relief at night. Pain medications were noted to decrease the pain by 50% given her the ability to sleep more easily and decrease pain levels. The patient is using Pennsaid topical pain medication as well as Lidoderm patches. On examination, the patient's right ankle has notable swelling below the medial malleolus and along the plantar arch. The right heel is tender to touch. The patient is noted to be depressed and has vocalized helplessness, hopelessness, and lack of desire or motivation to enjoy life, to go out of the house.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Flector patch 1.3%, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, section on Flector patch

Decision rationale: The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. In this case, the patient has been using Flector patches since August 2013. Utilization of these patches was noted to be for localized pain with no specific body part indicated. The patient has current prescriptions for Pennsaid NSAID topical medication as well as Lidoderm patches. There is no documentation of specific and significant functional improvements derived from the use of Flector patches. There is no discussion concerning failure of oral medications as well as the need for multiple topical and transdermal pain medications. Therefore, the request for Flector patches is not medically necessary.