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| Case Number: | CM14-0010210 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 10/08/2011 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 12/21/2013 |
| Priority: | Standard | Application Received: | 01/24/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

This is a 41-year-old male with an 11/8/11 date of injury involving the right ankle. He is status post right Achilles repair with calcaneal osteotomy on 11/12/12. He was seen for follow up on 12/5/13 with complaints of right ankle soreness especially while walking. Exam findings of the right ankle and foot revealed tenderness over the right Achilles tendon, strength was normal throughout and neurovascular exam was intact. An MRI of the right ankle noted no defects in the right Achilles tendon. Treatment to date: surgery, physical therapy, and medications. A UR decision dated 12/21/13 denied the request given the patient had these patches certified on 1/23/13 and the FDA and MTUS do not support the use of these patches long term.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain Chapter Flector patch) Other Medical Treatment Guideline or Medical Evidence: FDA Flector Patches.

Decision rationale: The MTUS guidelines indicate that 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. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. The ODG guidelines indicate that Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. This injured worker has been using these Flector patches chronically at least since September 2013. The injured worker is not noted to have any acute ankle sprains or contusions and is more than a year out from an Achilles tendon repair. There is no rationale provided for the ongoing use of these patches, or documentation of pain reduction or functional gain. In addition, the injured worker's use of these patches has exceeded the treatment guidelines. Therefore, the request for Flector patches was not medically necessary.