

Case Number:	CM14-0113389		
Date Assigned:	09/18/2014	Date of Injury:	02/03/2011
Decision Date:	10/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old male who was injured on 2/3/2011. He was diagnosed with a crush injury to the right foot, contusion of ankle and foot, and subungual hematoma, and later plantar fasciitis, complex regional pain syndrome, and osseous changes due to his foot contusions. He was treated with Lyrica, foot orthotics, Cymbalta, Nabumetone, opioids, topical lidocaine, Flector patch, Pennsaid (topical), Keppra, Ambien, GKL crme, Levetiracetam, TENS, modified activity, and physical therapy. He was seen by his treating physician on 4/17/14 for a follow-up reporting his medications reducing his symptoms of pain in his right foot by over 50%, however, his pain had been worsening as well as his depression due to a recent denial in treatments. Physical examination of the foot revealed medial foot tenderness and moderate cyanosis/coldness as well as positive Tarsal tunnel testing at medial ankle causing radiating pain to sole of foot. He was recommended to continue his prescribed medications, including Flector patches and Pennsaid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3 % #150 5 Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, the topical NSAIDs, Flector patch and Pennsaid, had been used for many months to help treat his chronic pain. Unfortunately the MTUS Guidelines state that this is not appropriate use of these medications which are, at least at this time, only recommended for short-term use, and not for neuropathic pain, which this worker has, and there was no evidence found showing the worker had failed oral NSAIDs or that oral NSAIDs were contraindicated in any way. Therefore, the Flector patch and Pennsaid are both not medically necessary to continue.

Pennsaid Solution 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, the topical NSAIDs, Flector patch and Pennsaid, had been used for many months to help treat his chronic pain. Unfortunately the MTUS Guidelines state that this is not appropriate use of these

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