

Case Number:	CM14-0025432		
Date Assigned:	06/13/2014	Date of Injury:	11/14/2005
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 37-year-old male who had work related injuries on 11/14/05. He was working as a logger and tree hit his right foot and ankle. He sustained an osteochondral injury to his talar dome and subsequently underwent two arthroscopic procedures. For the second surgery in 2007 he was treated with arthroscopic debridement, drilling, and bone graft of the talar dome cyst. He did fairly well and returned to work as a mechanic. First part of 2013 the injured worker had gradual worsening of pain over the anterior and anterior medial aspect of his right ankle. The pain occurred with any significant amount of walking. On 04/30/14 the injured worker underwent surgery for his right ankle for the osteochondral defect. The procedure was a osteochondral allograft transplantation, and medial malleolus osteotomy. The most recent clinical note dated 05/14/14, post-operative visit, physical examination, showed expected amount of post-operative swelling. Ankle motion and strength was not tested. Wound was healing well without evidence of infection. X-rays of the right ankle from 05/14/2014 showed good alignment of osteotomy in good position of the osteochondral grafts. Request was for one prescription of Flector patches 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLECTOR PATCHES 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patches.

Decision rationale: The request for one prescription for Flector patch 1.3% #60 is not medically necessary. The evidence based guidelines state that topical NSAID's may be useful for chronic musculoskeletal pain. The indications for these medications are osteoarthritis and tendonitis, and recommended for short-term use of 4-12 weeks. The submitted documents do not support the use of Flector patch. On 04/30/14, the injured worker underwent surgery for his right ankle for the osteochondral defect. The procedure was an osteochondral allograft transplantation, and medial malleolus osteotomy. As such, medical necessity has not been established.