

Case Number:	CM14-0062396		
Date Assigned:	07/11/2014	Date of Injury:	11/02/2009
Decision Date:	08/27/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 was a 67-year-old male who reported an injury on 11/02/2009 while climbing up a ladder when he slipped and fell. The injured worker had a history of right knee and bilateral ankle pain. The injured worker had a diagnosis of post-traumatic degenerative joint disc and synovitis. The Electromyogram revealed normal findings to the lower extremities and the Nerve Conduction Study revealed moderate to severe left peritoneal motor neuropathy around the ankle and prior site of fracture. The past treatment included 6 sessions of physical therapy. The injured worker is a status post right knee surgery dated 2009, status post right ankle open reduction internal fixation in 2009 with post-traumatic degenerative disc disease and status post left ankle reduction internal fixation in 2009 with post-traumatic degenerative joint disease with associated nerve injury. The medication included a topical medication and NSAIDs along with narcotic. The objective findings dated 11/28/2012 the physical examination of the right knee revealed a well healed surgical scar over the anterior aspect with lateral medial tenderness, range of motion decreased and negative interior draw. McMurray's, Valgus Stress and Varus Stress Test. The flexion was 140 and extension was -7. The examination of the left lower leg revealed multiple well healed surgical scars. The examination of the right ankle revealed a well healed surgical scar, with noted tenderness, range of motion flexion with 30 degrees, extension with 10 degrees, the left ankle revealed a flexion of 21 degrees and extension was 10 degrees. The neurological exam revealed the patellar and achilles reflexes at 2+ bilaterally the examination of the left ankle revealed multiple well healed scars with hypersensitivity over the medial aspect. The diagnostics included an electromyogram and a nerve conduction study dated 01/10/2013. The past treatment included It also included a consultation for the podiatrist regarding orthotics and Fluriflex. The Request for Authorization dated 06/20/2014 was submitted within documentation. Rationale for the Flector patch was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flector Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 112 Page(s): 112.

Decision rationale: The request for Flector patches is not medically necessary. The California MTUS Guidelines recognize Flector patch as a non-steroidal anti-inflammatory drug. Topical application for relief of osteoarthritis in joints that lend themselves to topical treatment ankle, elbow, foot, hand, knee, and wrist. It had not been evaluated if the treatment is spine, hip, or shoulder. Per the clinical notes provided, the injured worker did not have a diagnosis of arthritis. Per the chart notes he had residual pain following multiple surgeries. No frequency of application addressed and no location given. As such, the request is not medically necessary.