

<b>Case Number:</b>	CM14-0176004		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52 year old male, who sustained an industrial injury on 1/22/2007. The injured worker has complaints of bilateral foot pain which is worse in his right foot. The documentation noted that he uses special shoes for walking and rocker sole shoes and walks with a cane at times. His feet are easily sensitive to light touch, his feet are scattered with small elevated areas of erythema, and he reports this was the chigger infestation he picked up while he was in Missouri. He is unable to walk for very far distances because of the bilateral foot pain and he uses anti-inflammatory patches for his pain. According to the utilization review performed on 10/10/2014, the requested Flector Patch 1.3 percent #30 has been non-certified. CA MTUS, 2009, Chronic Pain, page 56-57 and ODG, Treatment Index, 11th Edition (web), 2014 Pain, Lidoderm, Criteria for use of lidoderm patches were used.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3 percent #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Pain, Lidoderm (lidocaine patch)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Flector Patch 1.3 percent # 30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The limitation of use was not specified in the medical records. Additionally, there was not documentation of a contraindication to oral NSAID use; therefore topical patch is not medically necessary.