

<b>Case Number:</b>	CM15-0148585		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old male who sustained an industrial/work injury on 2-3-11. He reported an initial complaint of pain to right foot. The injured worker was diagnosed as having crush injury of right foot; foot contusion. Treatment to date includes medication, pool therapy, and diagnostics. Currently, the injured worker complained of chronic pain in foot. Per the examination on 6-18-15, exam noted the right 2nd and 3rd metatarsal phalangeal joints exhibited tenderness to palpation, medial foot tenderness along the first metatarsal-tarsal articulation to deep pressure, the proximal articulation at the cuneiform were tender, plantar fascia was tender and hypersensitive, active toe movement was limited, and decreased range of motion and strength. The requested treatments include Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a right foot contusion and crush injury in February 2011. He continues to be treated for chronic right foot pain. Diagnoses include plantar fasciitis and CRPS. When seen, there had been improvement with Topamax and Lyrica. Medications include Lidoderm and Flector and oral Zorvolex. He was continuing to use TENS. Physical examination findings included an asymmetric gait with use of a cane. There was decreased right ankle and foot range of motion with tenderness. There was limited movement due to pain. There was decreased right lower extremity strength and sensation. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral NSAID medication is being prescribed. Additionally, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector was not medically necessary.