

Case Number:	CM15-0199270		
Date Assigned:	10/14/2015	Date of Injury:	04/27/2015
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/09/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 33 year old female, who sustained an industrial injury on 04-27-2015. She has reported injury to the left lower extremity. The diagnoses have included pain ankle-foot joint; and ankle sprain-strain. Treatment to date has included medications, diagnostics, ice, bracing, activity modification, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise program. Medications have included Ibuprofen, Norco, Naproxen, and Flector patch. A progress note from the treating physician, dated 09-15-2015, documented an evaluation with the injured worker. The injured worker reported pain in both of her legs, left greater than right; her pain is rated at 7 out of 10 in intensity; and she states that her medications have stayed the same. Objective findings included motor strength is 4 out of 5 with ankle flexion and extension; sensory is decreased at L5-S1 on the left; and there is pain upon palpation over the right groin and the right ankle diffusely. The provider noted that the injured worker "is struggling too much with pain in her left and right leg"; "her right leg pain seems to be pain radiating up from her right ankle; her left leg pain is from the leg compensating for the right; and she cannot go back to work yet at this time". The treatment plan has included the request for Flector patch 1.3%, #30. The original utilization review, dated 09-28-2015, non-certified the request for Flector patch 1.3%, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. A MTUS/ACOEM is silent on the issue of Flector patch which is topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case the exam note from 9/15/15 does not demonstrate prior adverse GI events or intolerance to NSAIDs. Nor does the documentation support a failure of first line medications. As the request is not supported by the criteria set forth in the guidelines, the request is not medically necessary.