

Case Number:	CM15-0200150		
Date Assigned:	10/15/2015	Date of Injury:	06/03/2010
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 6-3-2010. The injured worker is undergoing treatment for: chronic Achilles tendinitis bilaterally with right being greater than left and compensatory plantar fasciitis. On 6-3-15, she reported pain to bilateral feet. She rated her pain 4 out of 10 at rest, and 9 out of 10 with activity such as walking and standing. On 9-9-15, she reported right foot pain and weakness, with pain in the back of the leg up behind the knee. She rated her pain 6 out of 10 which is increased to 10 out of 10 with activity. She is reported to have had "benefit" with Flector patches applied to the left Achilles and she would like them for the right Achilles. Physical examination revealed a normal gait, wearing an AFO brace on the right foot, tenderness is palpated over the right Achilles, and swelling is noted. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the right ankle (4-23-15), right ankle bracing, multiple physical therapy sessions, ice, and heat. Medications have included: Flector patches. The records are unclear how long she has been utilizing Flector patches for the left Achilles. Current work status: modified. The request for authorization is for: Flector patch. The UR dated 9-30-2015: non- certified the request for Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch: Upheld

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

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

Decision rationale: The records indicate the patient has chronic complaints of pain in the back of the right foot, back of the right leg, up the calf, and behind the right knee. The current request is for Flector patch. The attending physician notes that the patient did benefit from the Flector patch, page (53b). He provided a prescription for flector patch 1.3% one patch bid #30. He also recommended an orthopedic second opinion. CA MTUS has this to say about topical analgesics: Recommended as an option as indicated below. 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the patient is diagnosed with chronic achilles tendinitis. The patient has been using flector patches for the past six weeks. Guidelines do recommend Flector patches for tendinitis and for up to 12 weeks. The current request is for an unspecified quantity and duration of Flector patches which is not supported by MTUS on page 60, without documentation of continued pain relief and functional improvement. The request for Flector patch is not medically necessary.