

Case Number:	CM15-0083331		
Date Assigned:	05/05/2015	Date of Injury:	08/04/2010
Decision Date:	06/04/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/30/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 8/04/2010. Diagnoses include right ankle pain, right ankle arthritis and right tarsometatarsal joint arthritis. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention (open reduction internal fixation (ORIF) (undated) and ankle surgery (1/2011)), injections, TENS unit and medications. Per the Primary Treating Physician's Progress Report dated 3/25/2015, the injured worker reported right ankle injury. Physical examination of the right ankle revealed pain upon palpation and restricted range of motion. Examination of the lumbar spine revealed paraspinous muscle spasm and positive straight leg raise on the left at 80 degrees. The plan of care included, and authorization was requested for Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3%, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Flector patch is recommended for treatment of acute sprains and strains. It is not indicated for long term use, as it has been prescribed in this case. Additionally, the claimant is also prescribed an oral NSAID and there is no indication for use of the two formulations simultaneously. Flector patch is not medically necessary.