

Case Number:	CM15-0113195		
Date Assigned:	06/19/2015	Date of Injury:	12/01/2014
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old woman sustained an industrial injury on 12/1/2014 to her ankle while exiting a bus. Diagnoses include right ankle or foot sprain/strain, third toe fracture, Morton's neuroma, and right hip sprain/strain secondary to altered gait due to compensatory. Treatment has included oral medications, pool massage, ice and hot packs, and physical therapy. Physician notes on a doctor's first report of occupational illness or injury form dated 5/18/2015 show complaints of right foot, ankle, and toe pain and right hip or leg pain. Recommendations include aquatic therapy, right ankle/foot ultrasound, Flector patch, and follow up in six weeks.

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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as Flector (Diclofenac epolamine) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. It may be considered after failure of 1st line medications. Patient does not have osteoarthritis and there is no documentation of failure of 1st line NSAIDs. Flector is not medically necessary.