

Case Number:	CM15-0175517		
Date Assigned:	09/16/2015	Date of Injury:	09/29/2014
Decision Date:	10/26/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/07/2015

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, North Carolina
 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 58 year old female, who sustained an industrial injury on September 29, 2014. She reported left ankle pain. The injured worker was diagnosed as having left ankle pain, left ankle degenerative joint disease and peroneal and flexor tenosynovitis. Treatment to date has included diagnostic studies, home exercises, medications and work restrictions. Currently, the injured worker continues to report left ankle pain, low back and right hip pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. Evaluation on June 19, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale. She noted the Flector patches helped quite a bit. She noted she was doing fairly well on the current medications. She reported numbness, pain and tingling of the ankle throughout the day. Work restrictions were continued. Evaluation on August 3, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst. She was noted to have an antalgic gait to the left. There was noted tenderness in the left ankle joint. The range of motion in the ankle was noted as painful. The RFA included requests for Retro Flector patch 1.3% #30 (06/19/15) and was non-certified on the utilization review (UR) on August 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flector patch 1.3% #30 (06/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The request is for Flector patches for chronic ankle pain. Flector contains an NSAID, Diclofenac. These patches are indicated for patients with osteoarthritis and tendinitis of the knee, elbow, or other joints amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence for the use of Flector patches in treating osteoarthritis of the spine, hip and shoulder. This claimant does not have the diagnosis of osteoarthritis or tendinitis. There is also no rationale presented as to why oral NSAIDs cannot be used. Therefore, the request for Flector patches is not medically necessary or appropriate.