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| Case Number: | CM15-0026822 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 03/14/2002 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 55-year-old [REDACTED] beneficiary who has filed a claim for chronic foot pain reportedly associated with an industrial injury of March 14, 2013. In a Utilization Review Report dated February 3, 2015, the claims administrator denied a request for topical Flector patches. An RFA form of January 22, 2015 and an associated progress note of January 22, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 24, 2014, the attending provider noted that the applicant had ongoing complaints of foot pain status post a second-third metatarsal fusion. The applicant was placed off of work, on total temporary disability. Norco was renewed. The applicant was asked to transfer care to a practitioner specializing in chronic pain. On January 27, 2015, it appeared that Norco was refilled while Flector was introduced for the first time. The applicant was status post a failed foot fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flector Patch 1.3% #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127.

Decision rationale: Yes, the request for topical Flector patches was medically necessary, medically appropriate, and indicated here. Topical Flector is a derivative of topical diclofenac-topical Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/topical diclofenac is indicated in the treatment of small joint arthritis in areas which are amenable to topical application. Here, the applicant's primary pain generator, the foot, is, in fact, amenable to topical application. The applicant does apparently carry a diagnosis of foot arthritis status post a foot fusion surgery. Introduction of topical Flector was, thus, indicated on or around the date in question, January 12, 2015. Therefore, the first-time request for Flector patches was medically necessary.