

Case Number:	CM15-0067815		
Date Assigned:	04/15/2015	Date of Injury:	10/18/2013
Decision Date:	05/14/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: Connecticut, California, Virginia

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 injured worker is a 27 year old male, who sustained an industrial injury on 10/18/2013. He has reported injury to the left foot. The diagnoses have included left foot pain and status post excision of the navicular, left foot and reattachment of the posterior tibialis tendon with the anchor tendon system of the left foot, on 03/11/2014. Treatment to date has included medications, diagnostics, walking boot, injections, physical therapy, and surgical intervention. Medications have included Ibuprofen. A progress note from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left foot pain. Objective findings included tenderness or pain to palpation of the left midfoot and decreased range of motion. The treatment plan has included the request for Flector patches 1.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 112.

Decision rationale: The MTUS lists diclofenac as an FDA approved medication indicated for relief of pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The provided documents do not provide strong objective evidence of functional improvement. Of critical importance, however, the patient is noted to be taking oral NSAIDs (Ibuprofen) per the provided documents. Continued use of topical diclofenac in conjunction with oral NSAIDs is contraindicated as topical treatment can result in blood concentrations and systemic effects comparable to oral forms, and therefore the request cannot be considered medically necessary.