

<b>Case Number:</b>	CM15-0072575		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: 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:

This 53 year old man sustained an industrial injury on 12/16/2011. The mechanism of injury is not detailed. Diagnoses include right Achilles tendinitis. Treatment has included oral and topical medications, AFO, home exercise program, and physical therapy. Physician notes dated 2/18/2015 show complaints of pain and swelling to the right ankle. Recommendations include Flector patches, right ankle MRI, refill Ketoprofen patches, continue using AFO, and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% Transdermal Patch, #60, 2 refills:** Upheld

**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 Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation [www.flectorpatch.com/](http://www.flectorpatch.com/).

**Decision rationale:** MTUS Guidelines recommend the short term use of topical NSAIDs for localized inflammatory conditions. Even the manufacturer does not recommended Flector

patches for long term use. The indications are clearly for acute minor strains and pain. There are other topical NSAID formulations that have indications for longer term use and the patches are not one of these. There are no unusual circumstances to justify an exception to Guidelines. The Flector 1.3 % patches #60 2 refills is not medically necessary.