

<b>Case Number:</b>	CM13-0056023		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 57-year-old female who reported an injury on 03/19/2012. The patient has been diagnosed with status post right knee partial medial and lateral meniscectomy. The patient was seen on 08/19/2013 for continued right knee pain. The patient has had significant improvement with her 4th and 5th Supartz injections. Objective findings noted the patient had extension of 0 degrees with flexion of 125 degrees, and the patient had tolerated the procedures well. A progress note dated 09/06/2013 noted the patient returned to the clinic for her right knee and had been doing well since her viscosupplementation injections, but had exacerbated her left knee after walking up stairs. The knee became swollen and sore and the patient continued to have discomfort. Objective findings noted the patient to have positive effusion, a positive McMurray, and positive Apley test on the right knee. An MRI of the right knee was performed on 10/04/2013, which noted thinning and fraying of the posterior horn and body of the medial meniscus, with degenerative horizontal tear extending along the inferior articular surface of the medial meniscus posterior horn. There was also tricompartmental osteoarthritis with severe cartilage thinning and fraying of the weight bearing portion of the lateral tibial plateau, medial tibial plateau, and medial femoral condyle as described above. There is also a noted large multilobulated popliteal cyst. The patient was most recently seen on 11/05/2013, whereupon she stated her right knee pain had plateaued to that point. She had not received much relief from her last round of viscosupplementation injections. However, she felt she was permanent and stationary. The patient had a range of motion of 0 extension on left and right, with flexion of 130 degrees on the right and 135 degrees on the left. The patient no longer had effusion of the right knee but still had the positive McMurray and

Apley sign. The patient was diagnosed with right knee osteoarthritis and right knee degenerative meniscus tear with popliteal cyst.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector Patches 1.3% #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding the request for Flector patches 1.3% a total of 60, according to the California MTUS Guidelines topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Because there is little to no research to support the use of many topical analgesics, the California MTUS Guidelines do not recommend the utilization of this method of treatment. Furthermore, the guidelines under the documentation do not indicate the patient is intolerant of utilizing oral medications. Therefore, with a non-recommendation per the California MTUS Guidelines for the use of topical analgesics, and without having sufficient documentation indicating the patient is unable to utilize oral medications, the requested service cannot be considered medically necessary and is noncertified.