

Case Number:	CM13-0065752		
Date Assigned:	01/03/2014	Date of Injury:	04/27/2010
Decision Date:	05/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine, and is licensed to practice in California. 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 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:

According to the records made available for review, this is a 32-year-old male with a 4/27/10 date of injury. At the time (10/24/13) of the request for authorization for Flector patch 180mg one patch twice daily for pain #30 refill #3, there is documentation of subjective (persistent right knee pain and giving intermittently with a recent fall) and objective (antalgic gait noted on the right, tenderness noted in the right knee joint line, and flexion limited to 115 degrees) findings, current diagnoses (knee sprain, knee pain, low back pain, chronic pain, and knee capsulitis), and treatment to date (medication including Flector patch for at least 9 months). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); short-term use (4-12 weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction Final Determination Letter for IMR Case Number CM13-0065752 3 in the use of medications or medical services with use of Flector patch; and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 180MG ONE PATCH TWICE DAILY FOR PAIN #30 REFILL #3:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) Page(s): 111-112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, FLECTOR PATCH (DICLOFENAC EPOLAMINE).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG guidelines identify documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses knee sprain, knee pain, low back pain, chronic pain, and knee capsulitis. In addition, there is documentation of treatment with Flector patches for at least 9 months. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flector patch. Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Flector patch 180 mg one patch twice daily for pain #30 refill #3 is not medically necessary.