MAXIMUS Federal Services

Case Number:	CM13-0069406		
Date Assigned:	01/03/2014	Date of Injury:	05/03/2012
Decision Date:	05/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/21/2013

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. The expert 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 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/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:

Injured employee is a female with date of injury 5/3/2012. Per requesting physician's progress report, the injured worker presens for an orthopaedic re-evaluaiton of her right knee. She most recently received Synvisc One on 6/26/2013, which was overall beneficial. She continues ot have pain in her right knee. She states that she was occasional swelling and has difficulty with descending staris and feels instability in her knee. She sstates that she has been stretching recently which seems to help with her symptoms. She is status post right knee arthroscopy on 3/15/2013. On exam of the right knee there are well-healed arthroscopic portals, trace effusion, patellofemoral crepitation, range of motion is 0 to 120 degrees and manual muscle testing is 4/5. Diagnoses include: 1) grade 4 lateral compartment arthrosis of the right knee 2) status post right knee arthroscopy on 3/15/2013 3) Synvixc One to the right knee on 6/26/2013 4) industrial injury of the right knee on 5/3/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Online Edition, Pain Chapter, Diclofenac Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Topical Analgesics Page(s): 67-76,111-113.

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. The claims administrator denied the request for Felctor Patch because the injured worker's symptoms are not described in terms of timing or severity, and because the medication is contraindicated while the injured worker is taking oral prednisone. Review of previous clinical notes do report that the injured worker is being treated with anti-inflammatories (NSAIDs). The details of NSAID use, efficacy and side effects experienced are not explained in the clinical notes. The guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. The injured worker's pain is not well characterized in the clinical documents, and other NSAID use is also not well explained. Flector Patch may be a good choice of medication for this injured worker, however without the concerns above being addressed, the addition of Flector Patch may be contraindicated and therefore is not supported. The request for Felctor Patch #30 is determined to not be medically necessary.