MAXIMUS Federal Services

| Case Number: | CM14-0004645 | | |
|---|---|---|---|
| Date Assigned: | 02/05/2014 | Date of Injury: | 06/03/2004 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/13/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice 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:

This is a 72-year-old male with a 6/3/2004 date of injury. A specific mechanism of injury was not provided. 12/16/13 medical report identified left knee pain 9/10 and right knee pain 6/10. The patient finds the combination of Flector patches, Nucynta, and Dexilant helpful and reported 50% functional improvement with the medications. There were severe leg cramps at night in the left leg. Exam revealed trace pretibial and ankle edema in the lower extremities. Left knee patellar swelling, active flexion 90 degrees, extension 5 degrees. There was laxity in all planes, consistent with knee replacement. There was exquisite tenderness over the infrapatellar tendon and the medial condyle on palpation. The right knee flexion 120 degrees and extension 0 degrees. There was some laxity with anterior drawer sign. The provider further states that an opioid treatment plan and functional goals were discussed with the patient. There has been evidence of functional reevaluation demonstrating objective evidence of functional improvement over baseline with resultant use of the pain medication. Diagnoses include history of left total knee replacement with ongoing knee pain and infrapatellar tendinitis and pes anserine bursitis. Recent x-rays revealing hardware stable. The right knee pain with DJD with sprain/strain injury. Dyspepsia from medication use, stable on Dexilant. She has history of peptic ulcer disease and cannot take oral NSAIDs. At the time of a 1/7/14 determination a non-certification was rendered given that it appeared that the patient had been on the Flector patch for an extended period of time, no indication if improvement in pain is related to the of Flector patch, elevated VAS score, and the functional status was not well described. It should be noted that on 11/8/13 a determination was rendered were there was certification of Nucynta, Skelaxin, Flector patch, and Dexilant given improvement in pain by 50%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR 1.3% #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines. Non-Steroidal Ant-Inflammatory Agents, pg.111-112 as well as Non-MTUS ODG, Pain Chapter, Flector Patches.

**Decision rationale:** The patient has significant residual knee pain. The provider documents functional improvement over baseline with resultant use of the pain medication. The patient has history of peptic ulcer disease and cannot take oral NSAIDs. The patient find the combination of Flector patches, Nucynta, and Dexilant helpful and reported 50% functional improvement with the medications. CA MTUS states that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration, and ODG states that topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Even though the prior determination appropriately documents that the patient has been on Flector patch over an extended period of time and there is inconsistent support for this, the patient has significant pain and it is reported that the current combination of medications is helping. In addition, she is unable to take oral NSAIDs, for which Flector patch would be reasonable treatment as a second line medication.