

Case Number:	CM14-0012011		
Date Assigned:	06/11/2014	Date of Injury:	03/15/2010
Decision Date:	08/04/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

The injured worker is a 45-year-old female who reported an injury on 3/15/210. The mechanism of injury was not provided for clinical review. The diagnoses included chronic right ankle pain, neuritis or neuroma, right ankle, status post Brostrom surgery for chronic right knee pain, and rule out meniscal tear or ACL tear of the right knee. Previous treatments included surgery, medication, and physical therapy. The clinical note dated 12/20/13 reported that the injured worker complained of left knee pain. The provider failed to document a physical examination for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH, # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines do not recommend Flector patches as a first line treatment. Guidelines note topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contra-indication to oral NSAIDS, after considering the increased

risk profile for diclofenac, including diclofenac formulation. Flector patches are FDA indicated for acute sprains, strains, sprains, and contusions. There is lack of documentation indicating the injured worker is diagnosed with or treated for osteoarthritis after failure of oral NSAIDS or contra-indication to oral NSAIDS. There is lack of documentation indicating the injured worker has tried and failed on first line treatment. The request submitted failed to provide the treatment site. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by diagnose functional improvement. Therefore, the request for a Flector patch is not medically necessary.