

Case Number:	CM14-0118866		
Date Assigned:	08/06/2014	Date of Injury:	07/06/2001
Decision Date:	09/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Management 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:

According to the records made available for review, this is a 54-year-old female with a 7/6/01 date of injury. At the time (7/16/14) of request for authorization for Flector 1.3% patch #30, there is documentation of subjective complaint was low back pain and severe left knee pain with difficulty performing activities of daily living. Objective findings include antalgic gait, tenderness to palpation over the trapezius region; tenderness to palpation over the thoracic paravertebral muscles; restricted lumbar range of motion, tenderness to palpation over the lumbar paravertebral muscles, positive Faber's test; crepitus of the right knee with movement and tenderness to palpation over the right knee lateral joint line, medial joint line and patella; decreased left knee range of motion with tenderness to palpation over the left knee lateral joint line, medial joint line and patella; decreased motor strength of the bilateral lower extremities, and decreased sensation over the lateral knee on the left side. Her current diagnoses are lumbar radiculopathy, hip pain, hip and knee degenerative joint disease, and knee pain. The treatment to date includes left total knee replacement, right knee OATS (osteochondral autograft transfer system) procedure, medications (Oxycodone and Dilaudid). In addition, medical report identifies history of gastritis and a request for a trial of Flector patch. There is no documentation of a condition/diagnosis for which Diclofenac Epolamine (1.3%) is indicated (acute strains, sprains, and contusions) and an intention for short-term use (4-12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation National Library of Medicines Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: MTUS Chronic Pain Medical Treatment Guidelines identifies 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. The Official Disability Guidelines (ODG) identifies 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 of lumbar radiculopathy, hip pain, hip and knee degenerative joint disease, and knee pain. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). Furthermore, given documentation of a history of gastritis, there is documentation of contraindications to oral NSAIDs. However, there is no documentation of a condition/diagnosis for which Diclofenac Epolamine (1.3%) is indicated (acute strains, sprains, and contusions). In addition, there is no documentation of an intention for short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Flector 1.3% patch #30 is not medically necessary.