

<b>Case Number:</b>	CM14-0153201		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Interventional Spine 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:

The patient is a 52 year old with an injury date on 12/12/11. Patient complains of ongoing right knee pain and lower lumbar pain per 8/12/14 report. The right knee pain is increased with walking, and patient cannot walk 2 blocks, or ascend/descend stairs per 6/17/14 report. Based on the 8/12/14 progress report provided, the diagnoses are: 1. lisfranc injury right foot 2. crush injury, metatarsals cuneiforms, 2,3, and 4, right foot 3. right knee tri compartmental osteo arthritis with lateral compartment being most affected, Sx date 8/15/12 arthroscopy right knee debridement, synovectomy, meniscectomy 4. early lateral compartment thinning right knee 5. lumbar s/s Exam on 8/12/14 showed "severe valgus right Knee, positive swelling and decreased range of motion (2-120 degrees)." Provider is requesting flector patch 1.3% #30 and toradol 60mg IM injection right knee #1. The utilization review determination being challenged is dated 9/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** This patient presents with right knee pain and lower back pain. The treater has asked for right knee pain and lower back pain on 8/12/14. Patient has been using Flector patches since 5/13/14. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the patient presents with arthritis of the knee, and the requested flector patch 1.3% #30 is indicated for this type of condition, but there is no documentation of efficacy in provided reports. Regarding medications for chronic pain, MTUS page 60 states that a record of pain and function should be recorded for any chronic pain medication. The request is not medically necessary.

**Toradol 60mg IM injection right knee #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 72. Decision based on Non-MTUS Citation Ketorolac (Toradol®), generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions

**Decision rationale:** This patient presents with right knee pain and lower back pain. The treater has asked for toradol 60mg IM injection right knee #1 on 8/12/14. Regarding Toradol, MTUS does not recommend it for minor or chronic pain condition. ODG guidelines recommend it as an option to corticosteroid injections to shoulder, with up to three subacromial injections. In this case, the treater has asked for Toradol injection into right gluteus DOD: 7/23/13, but patient has no documented symptoms of osteoarthritis. MTUS does not support it for chronic pain. In this case, the patient has chronic knee pain, and ODG does not recommend Toradol injections for chronic pain. ODG also does not discuss Toradol injections for the knee, only the shoulder. The requested toradol 60mg IM injection right knee #1 is not indicated at this time. The request is not medically necessary.