

Case Number:	CM14-0180023		
Date Assigned:	11/04/2014	Date of Injury:	09/15/2008
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 worker (IW) sustained an industrial injury on 09/15/08. He is s/p right total knee arthroplasty (TKA) on 04/14/14, right total shoulder arthroplasty (TSA) on unknown date, left TSA on 07/29/14, and revision left reverse TSA on 08/12/14. He has been receiving both oral NSAID medications and a topical compounded NSAID, and Flector patch was added to the medication regimen on 08/27/14. Positive symptomatic or functional response to NSAID medications is not documented.

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 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Pain Procedure Summary, updated 10/02/2014

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

Decision rationale: MTUS supports optional short-term (4-12 weeks) use of topical NSAIDs for knee osteoarthritis. A rationale which would support a longer period of use for Flector patch is

not documented in this case. In addition, there is no documented rationale which would support simultaneous use of oral Naproxen, topical compounded Flurbiprofen, and Flector patch. It is not medically necessary for the requested Flector Patch.