

Case Number:	CM14-0024976		
Date Assigned:	06/11/2014	Date of Injury:	12/11/2010
Decision Date:	08/14/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/27/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 12/11/2010 due to slipping on a ladder. X-rays indicated there were no fractures and the injured worker was placed on unspecified pain medications. On 01/24/2011 the physician noted persistent left knee sprain, tenderness at the medial aspect of the knee, at the medial joint line, and medial collateral ligament. There is tenderness to the anteromedial of the knee near the patella and minimal effusion. The physician diagnosed her with left knee sprain and possible medial meniscus tear. On 03/23/2011 physical therapy was initiated and the injured worker noted an increase in left knee pain at the anteromedial aspect of the left knee. On 04/25/2011 the injured worker reported an increase in pain and stated that "the left knee keeps going out". The physician noted six physical therapy sessions were completed. An MRI of the left lower extremity was performed on 05/03/2011 which revealed no meniscal tear, no ligamentous tear, and mild degenerative changes. On 07/02/2012 the injured worker noted mild, constant anterior knee pain; the diagnosis was anterior cruciate ligament herniation without rupture, chronic knee sprain, tendinosis, and quad and hamstring atrophy of the left lower extremity. The injured worker underwent a left knee anterior cruciate ligament reconstruction. Prior treatments included an anterior cruciate ligament brace, pain medications that included Tramadol, Hydrocodone, Naproxen, and Flector patches, and 14 postoperative physical therapy sessions. The clinical note dated 01/14/2014, noted the injured worker complained of left knee pain rated at 8/10 on the pain scale. The injured worker was diagnosed with chronic knee pain, left knee sprain, possible cruciate ligament sprain/strain, status post anterior cruciate ligament repair, and hypertension. The injured worker reported popping and weakness to the left knee. The injured worker received a modified return to work document for 03/31/2014 with no standing, sitting, bending, or use of

hands. The injured worker was noted by the physician as anxious. The physician requested a Flector patch 1.3% for the injured worker. The rationale was for assistance in alleviating signs and symptoms of pain to the left knee. A Request for Authorization form was not submitted for review in these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Guidelines recommend the use of topical nonsteroidal anti-inflammatory drugs (NSAIDs) for patients with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker's complaint of pain has maintained a 6/10 to 7/10 on the pain scale. This reported level of pain is consistent before and after reconstructive surgery to the left knee. During this time the injured worker has received the Flector patch with no indication from the injured worker or the physician that it is meeting the need to control pain. Further, the injured worker has not been diagnosed with osteoarthritis. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site of application for which this is being requested in order to determine the necessity of the medication. As such, the request is not medically necessary.