

Case Number:	CM14-0027846		
Date Assigned:	06/16/2014	Date of Injury:	10/02/2003
Decision Date:	08/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 injured worker is a 64-year-old female who reported an injury on 10/02/2003. The mechanism of injury was not provided. On 12/17/2013, the injured worker presented with left knee, right shoulder, and right knee pain. Prior treatment included medications, pool therapy, and the use of a stationary bike. Upon examination of the right knee, there was full range of motion with swelling in the inferior area of the medial joint line and pain with patellofemoral movement. There was pain by the insertion of the tendon to the tibia. The left knee examination revealed incision without swelling and positive pain to the distal joint. The range of motion of the left knee was full with a long scar, and there was pain in the left knee with lateral edge. There was also bilateral ankle swelling. The diagnoses were back pain mechanical facet because of altered gait, right knee degenerative changes, degenerative disc changes, and altered gait and use of cane. The provider recommended prospective request for 1 prescription of Flector 1.3% with a quantity of 30 and 2 refills. The provided rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PROSPECTIVE REQUEST FOR FOR 1 PRESCRIPTION OF FLECTOR 1.3% # 30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Decision based on Non-MTUS Citation ODG, PAIN (CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector Patch.

Decision rationale: The request for prospective request for 1 prescription of Flector 1.3% with a quantity of 30 and 2 refills is not medically necessary. The Official Disability Guidelines do not recommend Flector patch as a first line treatment. The patch is FDA indicated for acute strains, sprains, and contusions. Flector patch is not recommended for a first line treatment. The patch would not be warranted for the injured worker because there is no failure of first line treatment within the medical documents. Additionally, the provider's request for Flector patch does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.