

Case Number:	CM14-0037754		
Date Assigned:	06/25/2014	Date of Injury:	05/17/2007
Decision Date:	07/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 51 year old female was reportedly injured on 5/17/2007. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated 1/15/2014 indicates that there are ongoing complaints of right knee pain and the physical examination demonstrated right knee range of motion at 90 with pain positive tenderness to palpation throughout the knee. No recent diagnostic imaging studies are noted. Previous treatment includes arthroscopy, right knee physical therapy, ibuprofen, and Vicodin. A request was made for Flector 1.3% Transdermal # 60, and was not certified in the pre-authorization process 3/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Transdermal # 60, for 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s) : 105,111,112,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Flector Patch.

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

Decision rationale: Topical non-steroidal anti-inflammatory medications (NSAIDs) are primarily recommended for neuropathic pain when trials of antidepressants and/or

anticonvulsants have failed. Topical analgesics are regarded as largely experimental in use with few randomized controlled trials to determine the efficacy or safety. After reviewing the medical documentation for this injured worker, I am unable to identify documentation of failed treatment of antidepressants/anticonvulsants, or other compelling objective clinical findings to necessitate the need for this request. Therefore, this request is deemed not medically necessary.