

<b>Case Number:</b>	CM14-0042803		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/28/2001
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 patient is a 55-year-old female who has submitted a claim for rotator cuff tendinitis/bursitis, SLAP lesion, adhesive capsulitis, AC joint arthrosis, medial and lateral meniscus tear, patellofemoral chonromalacia right, and multicompartement degenerative joint disorder associated with an industrial injury date of 08/28/2001. Medical records from 08/14/2013 to 02/14/2014 were reviewed and showed that patient complained of bilateral shoulder and knee pain graded 9/10 which was aggravated with activities. There was no reported radiation or numbness. Physical examination of bilateral shoulders revealed tenderness upon palpation anteriorly and posteriorly. Normal shoulder ROM with pain was noted. Impingement and sulcus signs were negative. Physical examination of bilateral knees revealed well-healed incision scar over the right knee and tenderness over midline joint. Lachman's, anterior and posterior drawer, and McMurray's signs were all negative. X-ray of the right knee dated 10/07/2013 revealed tricompartmental osteoarthritis, relatively worst in the medial compartment. Treatment to date has included right knee arthroscopic surgery(2008) ,physical therapy, cortisone injections, Supartz injections, and pain medications and patches. Utilization review dated 03/28/2014 denied the request for prescription of Flector patch 1.3%, #90 because there was no documentation contraindicating the use of oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches 1.3% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

**Decision rationale:** According to pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guideline state that topical NSAIDs, such as diclofenac (Flector patch), have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. In this case, patient has been on Flector patch 1.3% #90 since 02/14/2014. However, available medical records do not indicate relief of pain or functional benefits derived from its use. There is no discussion regarding its indication for chronic use, which is not in conjunction with guidelines recommendation. The medical necessity has not been established at this time. Therefore, the request for Flector patch 1.3%, #90 is not medically necessary.