MAXIMUS Federal Services

Case Number:	CM14-0054345		
Date Assigned:	07/07/2014	Date of Injury:	10/18/2012
Decision Date:	09/05/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/23/2014

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:

The patient is a 48-year-old female who has submitted a claim for osteoarthritis of left knee, chondromalacia of left knee, and right knee joint pain associated with an industrial injury date of October 18, 2012. Medical records from 2013-2014 were reviewed. The patient complained of constant pain on her left knee, rated 7/10 in severity. She also has pain on the right knee, and had a episode when it locked up. Physical examination showed tenderness on the anterior and medial knee on the left side and medial joint line on the right side. There was limited range of motion of the left knee. Motor strength was 4.5 on the left lower extremity due to pain. Sensation was intact. McMurray's test was positive for the left knee. MRI of the left knee, dated December 13, 2012, revealed tricompartmental degenerative osteoarthritis which is worst at the medial femorotibial compartment, maceration of the posterior horn and body of the medial meniscus with extrusion of the body of the medial meniscus, moderate to severe chondromalacia of the medial femorotibial compartment with a full-thickness chondral defect and underlying subchondral bone marrow edema at the medial tibial plateau, and edema within the subcutaneous soft tissues of the prepatellar bursa suspicious for prepatellar bursitis. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, left knee arthroscopy and meniscectomy, and left knee steroid injections. Utilization review, dated March 29, 2014, denied the request for Flector 1.3% patch (duration unknown and frequency unknown) because topical NSAIDs have not been proven safe or effective in the treatment of musculoskeletal pain and is not recommended as first-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: 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, the patient has persistent left knee pain. The patient started with a trial of Flector patches since February 2014. It is not known whether the patient used the medication. There is no documentation of specific and significant functional improvements derived from its use. Furthermore, there is no discussion concerning failure of oral medications. Furthermore, the quantity of the present request is not specified. Therefore, the request for Flector 1.3% patch is not medically necessary.