

<b>Case Number:</b>	CM14-0066990		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 43 year old female who had a work related injury on 08/07/10. The injured worker was standing in the dice line cleaning, when the pitch bed started to move and caught her leg up to the ankle in the machine and spraining the injured worker's ankle. Diagnosis is chronic right knee pain, status post right knee arthroscopy surgery on 05/14/13, chronic right ankle pain due to a sprain, chronic left knee pain due to a sprain, chronic right leg pain, probably due to complex regional pain syndrome. The procedure provided good pain relief for 4 days. Treatment to date has been physical therapy, MRIs, electrodiagnostic studies (EMG/NCS), bone imaging, Functional Capacity Evaluation (FCE), knee arthroscopy, post-op physical therapy x 12, lumbar nerve blocks for right lower extremity x 1 on 01/02/14 and 03/27/14. The third lumbar block was authorized on 04/25/14. Current medications are Tramadol 50mg twice daily, Gabapentin 300mg twice daily, Flector patch 1.3% twice daily to the right knee #60, and Cymbalta 30mg once daily #30. Physical examination on 04/16/14, normal gait, palpation of bilateral knees, right ankle, and right leg elicits mild tenderness on the right knee area. Muscle strength is 5/5 bilaterally in the lower extremities, with the exception of mild weakness in the right knee extension and ankle dorsa flexion probably due to the pain. Injured worker has hypersensitivity to light touch and pin prick in the right knee area. The injured worker's right knee pain persists. She feels like the medication decreases her pain. Pain level is at 5/10 and mood is depressed, activity level is 3/5. Cymbalta is helpful for her mood. The Flector patch works well for her knee. Prior utilization review dated 04/25/14 Flector patch was non-certified. The request for Cymbalta was medically necessary and certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% bid to the Right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Section-Flector patch

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): page(s)111.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter , topical analgesics

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for this medication cannot be recommended as medically necessary at this time.