

Case Number:	CM14-0083833		
Date Assigned:	07/21/2014	Date of Injury:	03/19/2004
Decision Date:	09/30/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 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:

This female patient has developed chronic knee and low back problems subsequent to an injury date of 3/19/04. She is diagnosed with grade 1 spondylolithesis, radiculitis, tricompartmental arthritis in the left knee, and patellar arthritis in the right knee. She was taking oral Relafen and was switched to Flector patches to utilize prn. They are reported to allow for pain relief and this is the only medication of record for her orthopedic problems. In Peer Review this was incorrectly assumed to be a mediation for neuropathic pain and not an anti-inflammatory, it was denied on that basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flector Patches apply q12h for Acute Exacerbations #60 with 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS Guidelines allow for the use of topical anti-inflammatories if they are FDA approved, beneficial and use short term or for flare-ups (PRN). The Flector patches

meet all of the Guideline criteria for reasonable use. The Flector patches #60 with 2 refills is medically necessary.