

Case Number:	CM14-0091993		
Date Assigned:	07/25/2014	Date of Injury:	08/11/2008
Decision Date:	10/02/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 & 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 records presented for review indicate that this 66-year-old gentleman was reportedly injured on August 11, 2008. The mechanism of injury is noted as having a large piece of equipment fall on him. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Naprosyn, Voltaren gel, Norco, aspirin, Atorvastatin, Lisinopril, and Metformin. The physical examination demonstrated an antalgic gait favoring the left side. Examination of the cervical spine reveals decreased range of motion and tenderness along the paravertebral muscles. Examination of the lumbar spine also notes decreased range of motion and tenderness over the paravertebral muscles. Examination of the shoulders is essentially normal. The examination of the left knee reveals previous surgical scars and tenderness at the posterior aspect. There was decreased left knee range of motion in comparison to the right. Diagnostic imaging studies of the lumbar spine showed multilevel facet arthropathy most severe at L4 - L5 compromises the exiting L for nerve roots. There was also mild to moderate stenosis at L3 - L4 and L5 - S1. Previous treatment includes a left knee total knee replacement a request had been made for Flector patches and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch (Diclofenac Epolamine patch) 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

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

Decision rationale: The California MTUS Guidelines support topical non-steroidal anti-inflammatory drugs (NSAIDs) for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured worker's diagnosis, this request for Flector patches is not medically necessary.