

Case Number:	CM14-0188818		
Date Assigned:	11/19/2014	Date of Injury:	03/22/2012
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 case involves a 49 year old female with date of injury 3/22/2012. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain, wrist pain and left knee pain since the date of injury. She has been treated with physical therapy, steroid injection, left knee arthroscopy (details not provided) and medications. There are no radiographic data included for review. Objective findings included tenderness to palpation of lumbar spine, right side sacroiliac joint tenderness to palpation, positive Patrick's test on the right, and left knee positive McMurray's test. Diagnoses include lumbosacral spondylosis, sacroiliitis, and left knee internal derangement. Treatment plan and request include Mobic, Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for meloxicam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 49 year old female has complained of low back pain, wrist pain and left knee pain since date of injury 3/22/2012. She has been treated with physical therapy, steroid injection, left knee arthroscopy (details not provided) and medications to include Mobic since at least 05/2014. The current request is for Mobic. Per the MTUS guideline cited above, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, this request is not medically necessary.

1 Prescription for flector patches 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

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

Decision rationale: This 49 year old female has complained of low back pain, wrist pain and left knee pain since date of injury 3/22/2012. She has been treated with physical therapy, steroid injection, left knee arthroscopy (details not provided) and medications. The current request is for Flector 1.3%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental. When used, they are primarily recommended for the treatment of neuropathic pain when trials of first line treatments, such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Flector 1.3% patch is not medically necessary.