

Case Number:	CM14-0189434		
Date Assigned:	11/24/2014	Date of Injury:	03/31/2006
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/13/2014

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 Orthopedic Surgery 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 is a 62-year-old female with a 3/31/06 date of injury. According to a progress report dated 9/22/14, the patient complained of ongoing pain in her left knee with no acute changes. She continued to have pain with weight bearing activities and occasionally had swelling from time to time. She has been using Tylenol No. 3 and Flector patch and found this beneficial. She has tried Duexis, but had GI side effects., Voltaren gel did not provide much benefit. She reported her pain as an 8/10 with medications. Objective findings: no swelling, edema, or tenderness in bilateral lower extremities, joint line tenderness in left knee with painful range of motion. Diagnostic impression: status post left knee surgery times 3, left knee internal derangement. Treatment to date: medication management, activity modification, surgeries, home exercise program. A UR decision dated 10/29/14 denied the request for Flector Patch. It is unclear how long the patient has been on this medication. Guidelines state that topical NSAIDs are recommended for short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for flector patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Flector patch Other Medical Treatment Guideline or Medical Evidence: FDA (Flector patch)

Decision rationale: MTUS states that topical NSAIDs 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. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. However, in the present case, there is no documentation that this patient has a diagnosis of osteoarthritis. In addition, there is no documentation that the patient is unable to tolerate oral medications, in fact, she is currently taking other oral medications. Furthermore, it is noted that the patient is using this medication for a chronic condition, and guidelines only support its use for acute strains, sprains, and contusions. Therefore, the request for 1 Prescription for flector patch 1.3% #60 was not medically necessary.