

Case Number:	CM14-0198481		
Date Assigned:	12/08/2014	Date of Injury:	02/02/2012
Decision Date:	01/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50 year old male who suffered an industrial related injury on 2/22/12 after a fall. Medical history included diabetes and high blood pressure. A physician's report dated 5/22/14 noted the injured worker is back to work with modified duties. The injured worker underwent a right knee medial unicompartmental knee arthroplasty in August 2013. The injured worker stated he had some residual pain but was able to get through his work shift. A treating physician's report dated 11/5/14 noted the injured worker had bilateral knee pain and swelling and numbness in the right knee. The injured worker received conservative treatments prior to surgery that included a course of physical therapy that provided him with moderate pain relief. Cervical epidural steroid injections and lumbar epidural steroid injections were administered which provided no significant pain relief. The injured worker was prescribed Alprazolam, Oxycodone-acetaminophen, Simvastatin, and Xanax. Physical examination findings included right knee tenderness to palpation over the lateral joint line and a mild effusion. The diagnosis was noted to be right knee degenerative joint disease status post partial knee replacement. The physician recommended a trial Flector patch for the right knee. On 11/12/14 the utilization review (UR) physician denied the request for a Flector patch 1.3% #30. The UR physician noted the provider did not provide a rationale as to why the injured worker requires topical NSAIDs versus traditional oral agents and topical preparations 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:

Flector patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009

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

Decision rationale: Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. There are no controlled studies supporting the use of topical NSAID for the long term treatment of osteoarthritis or chronic neck and back pain. Based on the patient's records, the prescription of Flector patch 1/3% is not medically necessary.