

<b>Case Number:</b>	CM14-0201826		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab 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 61 year old female who sustained injuries to the bilateral knees due to a trip and fall accident. The date of injury was March 25, 2005. Diagnoses include lumbar spine sprain/strain and bilateral knee sprain/strain. On December 15, 2008, she underwent right knee arthroscopy, partial medial and lateral meniscectomy, microfracture of the medial femoral condyle and chondroplasty of the patella. On October 13, 2014, the injured worker complained of pain in her bilateral knees describing it as constant and slight in nature. She also complained of lower back pain. Physical examination revealed tenderness at the medial joint line of both the right and left knee. The range of motion of the bilateral knees was noted to be extension 0 degrees and flexion 120 degrees. She demonstrated an antalgic gait with significant right sided compensation. Knee x-ray findings include moderate degenerative joint disease with moderate joint space loss in the medial compartment of the right knee and left knee. The injured worker was noted to be at maximal medical improvement. Treatment modalities included medications and physical therapy. A prospective request was made for 60 patches of Flector 1.3%. On November 25, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 patches of Flector 1.3%:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain affecting the lumbar spine and bilateral knees. The current request is for 60 patches of Flector 1.3%. The treating physician states, "Anti-inflammatory creams should be considered appropriate, including a Flector patch, which is well established in the medical community for treating chronic musculoskeletal injuries and complaints, especially in the lower extremities."(24) The MTUS guidelines support topical NSAIDs for the treatment of peripheral arthritis and tendinitis. In this case, the treating physician has documented that the patient has peripheral joint pain affecting the right knee and has prescribed a topical NSAID in the form of Flector patch for the treatment of the knee pain. The current request is medically necessary.