

Case Number:	CM14-0203316		
Date Assigned:	12/15/2014	Date of Injury:	07/15/2009
Decision Date:	02/09/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/04/2014

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 Family Practice 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 64 year old male with a work related injury dated 07/15/2009 after the injured worker felt a pop in his right knee while climbing a truck, according to the Utilization Review report. According to a primary physician's progress report dated 10/23/2014, the injured worker presented for his third set of bilateral Orthovisc injections for his right and left knee complaints. Diagnoses included osteoarthritis of bilateral knees and status post bilateral knee scopes and medial meniscectomy. Treatments have consisted of cortisone injections, Orthovisc injections, activity modifications, surgery, physical therapy, and medications. Diagnostic testing was not included in received medical records. Work status is noted as not working. On 11/12/2014, Utilization Review non-certified the request for Flector 1.3% 1 patch Q (every) day prn (as needed) pain each knee citing California Medical Treatment Utilization Schedule Chronic Pain Guidelines. The Utilization Review physician stated Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% 1 patch Q day prn pain each knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory analgesics Page(s): 111-11.

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

Decision rationale: According to guidelines topical analgesic are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the medical records there is no documentation to support the use of Flector patches. The request is not medically necessary.