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| Case Number: | CM14-0205398 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 04/16/2012 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 and is licensed to practice in New York. 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:

The injured worker is a 60 year old woman with a date of injury of 4/16/12. She was seen by her primary treating physician on 11/3/14 with complaints of persistent bilateral knee pain. Physical therapy helped but was associated with soreness after therapy. Her exam showed an antalgic gait on the right with diffuse right thigh anterior swelling. She had tenderness in the right thigh and right knee joint line. Right knee flexion was limited to 90 degrees with pain with range of motion. Strength was 4/5 in right knee extension and flexion. Her diagnoses included right and left knee pain, status post left partial medial and lateral meniscectomies, chondromalacia left knee and possibility of degenerative joint disease right knee. Her medications included tramadol, Celebrex, omeprazole, flector patch and docusate. At issue in this review is the refill of flector patch. Length of prior therapy is not documented in the note.

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

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. This injured worker receives several medications for pain. There is no discussion of efficacy with regards to pain or function or a discussion of side effects to justify the continuation of Flector patch. Regarding Flector patch in this injured worker, the records do not substantiate clinical evidence to support medical necessity.