

<b>Case Number:</b>	CM14-0206578		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 58 year old male patient who sustained a work related injury on 10/1/2007. The exact mechanism of injury was not specified in the records provided. The current diagnoses include left knee chondromalacia and degenerative changes. Per the doctor's note dated 11/20/14, patient has complaints of pain with activity. Physical examination of the left knee revealed stable ROM and no swelling. The current medication lists includes Flector patch. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. Other therapy done for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1.3% #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 12/31/14), Flector <sup>®</sup> Patch

**Decision rationale:** Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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." Any recent detailed clinical evaluation note of treating physician was not specified in the records. Physical examination of the left knee revealed stable ROM and no swelling. Any significant functional deficits of the left knee that would require Flector patch was not specified in the records provided. A detailed physical examination of the left knee was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Per the records provided evidence of neuropathic pain was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The current medication list was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. In addition, according to the Official Disability Guidelines (ODG), Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Therefore, based on the medical records and the guidelines reviewed, this request is not medically necessary.