

<b>Case Number:</b>	CM15-0005357		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/28/2000
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male, who sustained an industrial injury on February 28, 2000. He has reported right knee and right shoulder injury after falling from a building. The diagnoses have included chronic bilateral shoulder pain, right knee pain, chronic cervical and lumbar degenerative disc disease. Treatment to date has included right knee surgery, and medications. Currently, the IW complains of continued knee discomfort. He reports 50% reduction in hypersensitivity of the post-surgical area of his right knee, and good pain reduction with the pain medications Norco and Oxycontin. On December 29, 2014, Utilization Review non-certified Flector Patch 1.3%, quantity #90, based on ODG guidelines. On January 7, 2015, the injured worker submitted an application for IMR for review of Flector Patch 1.3%, quantity #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% #90:** 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:** According to the 11/19/2014 report, this patient presents with "right knee pain, rt. shoulder pain." The current request is for Flector patch 1.3% #90 and the patches is first noted in this report. The request for authorization is on 12/24/2014. The patient's work status is "remain off work." Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Review of the provided reports show that the patient had total arthroplasty of the right knee in about 2004 and a revision of the right knee in April 21014. The treating physician does not indicate that the patient has arthritis/tendinitis of the knee. However, given that the patient had 2 surgeries to the right knee; arthritis of the knee is expected. The treating physician documented in the 12/24/2014 report that "the Flector patches are providing 50% reduction in the hypersensitivity of his post surgical area and allowing him to move with greater ease." Therefore, the requested Flector patch IS medically necessary.