

Case Number:	CM15-0105023		
Date Assigned:	06/10/2015	Date of Injury:	03/31/2015
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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 42-year-old female, with a reported date of injury of 03/31/2015. The diagnoses include isolated posterior cruciate ligament high grade injury of the left knee, and right knee contusion. Treatments to date have included x-rays of the right knee on 04/09/2015 which showed no evidence of acute right knee osseous injury or significant degenerative disease; an MRI of the left knee on 05/01/2015 which showed a sprain of the posterior cruciate ligament, intrasubstance degeneration within the posterior horn of the medial meniscus, and chondromalacia patella with lateral patellar subluxation; crutches; and oral medications. The medical report dated 05/07/2015 indicates that the injured worker continued to have feelings of instability in her knee. The physical examination showed a left-sided antalgic gait, swelling over the left infrapatellar fat pad, 1+ laxity with posterior drawer test, a weakly positive quadriceps active test, ability to perform a left straight leg raise, tenderness to palpation about the anterior aspect of her left knee, improved flexion at 125 degrees, hyperextension of the left knee at 5 degrees, no obvious effusion of the right knee, some swelling of the right infrapatellar fat pad, some redness of the inferior pole of the right patella, ability to perform right straight leg raise without difficulty, some vague tenderness to palpation along the anterior medial joint line of the right knee, flexion of the right knee at 140 degrees, and hyperextension of the right knee at 5 degrees. It was noted that the injured worker was not tolerant of anti-inflammatory medications by mouth, so the Flector patches were recommended. The treating physician requested Flector patch #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch #60 with 3 Refills: 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 NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks. As the patient has diagnosis of acute injury of 3/31/15, a trial period of a NSAID is indicated and appropriate. There is no documented functional benefit from treatment already rendered. The Flector Patch #60 with 3 Refills is medically necessary and appropriate.