

<b>Case Number:</b>	CM15-0106648		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This 53 year old male sustained an industrial injury to the left knee on 7/30/14. Magnetic resonance imaging left knee (9/17/14) showed a lateral meniscus tear with chondromalacia, a small joint effusion and left patellar tendinosis. In an orthopedic evaluation dated 3/18/15, the physician recommended left knee arthroscopy with lateral meniscal resection. The injured worker requested a second opinion. In a consultation dated 4/13/15, the injured worker complained of left knee pain rated 6-10/10 on the visual analog scale. Physical exam was remarkable for left knee with joint line and peri-patellar tenderness to palpation, swelling and pain with McMurray's testing. Current diagnoses included left knee total derangement. The treatment plan included Flector patch as need for pain, requesting an orthopedic second opinion and continuing home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain in the left knee, rated 6-10/10. The request is for Flector 1.3% patch #30 with 1 refill. Physical examination to the left knee on 04/13/15 revealed tenderness to palpation to the peripatellar and over the medial and lateral joint line. There was pain with McMurray's testing. Per 03/18/15 progress report, patient's diagnosis includes closed fracture of unspecified part of tibia, knee/leg sprain, and meniscus tear. Patient's medication, per 04/13/15 progress report includes Flector 1.3 % patch. Patient's work status, per 04/29/15 progress report is to remain off work until 05/27/15. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states, "Indications: Osteoarthritis and tendonitis, 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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Treater has not discussed this request. In review of the medical records provided, there are no records of prior use of this medication and it appears that the request for Flector 1.3% Patch is for an initial trial. However, there is no discussion regarding the location that is to be treated. Additionally, the treater does not document or discuss why the patient cannot take this or similar medication on an oral basis. The request does not meet MTUS indications. Therefore, the request is not medically necessary.