

Case Number:	CM15-0108911		
Date Assigned:	06/15/2015	Date of Injury:	06/29/2007
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old female, who sustained an industrial/work injury on 6/29/07. She reported initial complaints of knee and back pain. The injured worker was diagnosed as having lumbar sprain/strain with degenerative disc disease and facet disease and chronic knee pain. Treatment to date has included medication. X-Rays results were reported on 4/23/15 of the lumbar spine that demonstrated minimal osteophyte formation. Currently, the injured worker complains of chronic knee and back pain, unchanged. Per the primary physician's progress report (PR-2) on 5/11/15, exam revealed healed scar to knee and tenderness to palpation without laxity, motor strength of 5-/5; lumbar spine revealed restricted flexion to 70 degrees, extension to 10, right and left bending to 10. The straight leg raise and Fabere test were negative. Current plan of care included a home exercise program. The requested treatments include Flector 1.3% Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Patches #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Flector patch is a topical non-steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined with other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. Based on the patient's records, the prescription of FLECTOR patches 1.3% #30 with 2 refills is not medically necessary.