

Case Number:	CM15-0134146		
Date Assigned:	07/22/2015	Date of Injury:	04/07/2015
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old male who sustained a work related injury April 7, 2015, after a fall onto his hands and knees. According to a nurse practitioners progress notes, dated May 21, 2015, the injured worker presented for a follow-up visit with complaints of pain in his bilateral knees, hands, and neck. The knee pain is rated 8 out of 10, with the right greater than left. The hand pain is rated 4 out of 10, the right greater than the left, with numbness and tingling across all the knuckles on the top of the hand. The neck pain is rated 8 out of 10, and described as a generalized soreness with numbness and tingling around C6-T1. He reports to starting physical therapy later in the week. He would like to have knee braces for the knee pain. Current medication includes Prozac, Hydrocodone-Acetaminophen, and Zolpiderm Tartrate. Examination of the right hand revealed; poor strength and tone, swelling, and decreased range of motion. Examination of the right knee revealed; right patellar hyperreflexia, decreased strength and tone demonstrated, and range of motion decreased; examination of the left knee is within normal limits. He was provided knee stabilizers, and a wrist splint. Diagnoses are bilateral knee pain; neck pain; right hand pain. At issue, is the request for authorization for Flector 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 (3) NSAIDs, specific drug list & adverse effects, p68-71.

Decision rationale: The claimant sustained a work injury on 04/07/15 when he slipped and fell and landed on both knees. He was seen on 05/05/15 and was having neck, knee, and hand pain. Medications were Prozac, hydrocodone/acetaminophen, and zolpidem. Physical examination findings included cervical spine tenderness with normal range of motion. There was decreased and painful right hand range of motion and swelling. There was decreased and painful knee range of motion with crepitus. Flector and Zorvolex were prescribed. On 06/17/15 there had been improvement after several sessions of physical therapy. Physical examination findings appear unchanged. Flector was refilled. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relatively contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral diclofenac (Zorvolex) was prescribed. A low dose formulation was used without apparent reason and whether this medication is being continued or, if no longer being prescribed, the reason for its discontinuance is not documented. Additionally, topical diclofenac in a non patch formulation could be considered if a topical NSAID was indicated. Prescribing Flector was not medically necessary.