

Case Number:	CM15-0134845		
Date Assigned:	07/23/2015	Date of Injury:	02/22/2012
Decision Date:	09/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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 45-year-old female who sustained an industrial injury on February 22, 2012 resulting in right knee pain. Diagnoses have included medial meniscus tear and osteoarthritis. Documented treatment has included a right knee medial meniscectomy and chondroplasty on January 19, 2015, right knee steroid injections with her last providing 30 percent relief for 4 days, 14 sessions of physical therapy, heat, ice, massage, continued use of a knee brace, and medication which she has reported to cause stomach irritation. Treatments to date have been stated by the injured worker on May 26, 2015, to be unsuccessful in providing relief of symptoms. She continues to present with right knee pain stating it is worse with walking, sitting, standing, and during sleep. The treating physician's plan of care includes a retro request for 30 Flector patches. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: (RFA dated 5-26-15) Flector patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Decision based on Non-MTUS Citation <http://www.drugs.com/pro/flector.html>.

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 right knee and right elbow. The request is for RETRO: (RFA DATED 5-26-15) FLECTOR PATCH 1.3 % #30. Patient is status post right knee surgery 01/15/14. Physical examination to the right elbow revealed tenderness to palpation on any ligament, tendon or bone structure. Examination to the right knee revealed tenderness to palpation at the portal sites. Per 05/26/15 progress report, patient's diagnosis includes right knee DJD, right knee medial meniscal tear, and right knee pain. Patient's medications, per 05/26/15 progress report include Omeprazole, Clebrec, and Flector Patch. Patient is temporarily very disabled. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 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)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." The treater has not specifically discussed this request. Review of the medical records provided did not indicate a prior use of this medication and it appears that the treater is initiating it. The patient continues with pain in the right elbow and right knee, for which this medication would be indicated. However, ODG guidelines do not support the use of Flector beyond two weeks. The request for Flector Patch #30 would exceed what is recommended by ODG and does not meet guidelines indication. Therefore, the request IS NOT medically necessary.