

Case Number:	CM15-0138868		
Date Assigned:	07/28/2015	Date of Injury:	06/30/1994
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female who sustained an industrial injury on 06/30/1994. Mechanism of injury was not found in documents provided. Diagnoses include status post left knee arthroplasties times two, status post right knee open reduction-internal fixation of the left patellar fracture on 12/19/2012, status post removal of painful hardware and right knee arthrofibrosis. Treatment to date has included diagnostic studies, medications, sixteen surgeries to her left knee and 5 surgeries to her right knee. A Magnetic Resonance Imaging arthrogram of the left knee revealed status post knee arthroplasty with metallic artifact obscuring surrounding structures. There is a small amount of fluid along the anterior border. She is status post patellectomy with an attenuated extensor mechanism. Edema is along lobular adipose tissue lateral to the extensor mechanism like relates to combination of post-surgical residual and extravasation from lateral arthrographic approach. Limited evaluation of collateral ligaments is unremarkable. She is currently retired. A physician progress note dated 05/28/2015 documents the injured worker has complaints of pain in her bilateral knees and back and pelvis. She rates her lumbar spine pain as 7 out of 10 which is constant. Her left knee pain is rated at 5 out of 10 and it is described as a burning sensation. She has limited range of motion of the lumbar spine. Her right hip shows full range of motion with no pain. Left knee range of motion is restricted and there is generalized tenderness to touch. She has mildly positive anterior and posterior drawer tests, but nothing more than what you would expect with prosthesis. The treatment plan includes follow up visits as needed only. Treatment requested is for Flector patch #30, 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #30, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flector patch is diclofenac. MTUS specifically states for Voltaren Gel 1% (diclofenac) that it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records do not clarify the treatment location. As such, the request for Flector patch #30, 2 refills is not medically necessary.