

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0143905 |                              |            |
| <b>Date Assigned:</b> | 08/07/2015   | <b>Date of Injury:</b>       | 12/20/2002 |
| <b>Decision Date:</b> | 09/25/2015   | <b>UR Denial Date:</b>       | 07/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of December 20, 2002. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for Flector patches. The claims administrator referenced a July 1, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of knee and leg pain. The applicant was having difficulty walking. The applicant was on Flector, Prilosec, Colace, Neurontin, Cialis, and Ultracet, it was reported. Permanent work restrictions were renewed. Persistent complaints of bilateral knee pain were reported. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place. On July 20, 2015, the applicant reported severe bilateral knee pain. The applicant was emotionally distraught and depressed, it was reported. The applicant was currently smoking cigars, it was reported. The applicant had undergone three failed knee surgeries, it was reported. The applicant was on Flector patches, Prilosec, Neurontin, Ultracet, Colace, Cialis, and Senna, it was reported. The applicant's permanent work restrictions were renewed. The applicant had consulted a psychologist. It did not appear that the applicant was working with said permanent limitations in place, although it did not appear to be the case. Little seeming discussion of medication efficacy transpired. The applicant was described as exhibiting a shuffling gait and experiencing notable difficulty walking, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

**Decision rationale:** No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs such as topical Flector are indicated in the treatment of small joint arthritis and small joint tendonitis in joints which lend themselves toward topical application, such as the knee, i.e., the primary pain generator here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the July 20, 2015 progress note did not incorporate any much seeming discussion of medication efficacy. The applicant was described as having difficulty performing activities of daily living as basic as standing and walking. Severe knee pain complaints were reported. Ongoing usage of Flector failed to curtail the applicant's dependence on opioid agent such as Ultracet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of topical Flector. Therefore, the request was not medically necessary.