

Case Number:	CM15-0147606		
Date Assigned:	08/10/2015	Date of Injury:	08/02/2008
Decision Date:	09/04/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 51 year-old female who sustained an industrial injury on 08-02-08. She reported right knee pain. The injured worker was diagnosed with grade III-IV chondromalacia medial femoral condyle, grade III lateral patellar facet chondromalacia, and degenerative changes medial and lateral menisci. Initial diagnostic testing and treatment included MRI, orthovisc injections, and symptomatic medication management. Current diagnoses include right knee degenerative joint disease. Diagnostic testing and treatment to date has included radiographic imaging, and anti-inflammatory medication. Currently, the injured worker complains of right knee pain, now developing increased pain to the right hip. In a progress note dated 07-01-15, the treating provider reports the injured worker has right knee patellofemoral joint pain, with crepitus to range of motion. She has pain to the right greater trochanter and groin. Voltaren gel has not helped in the past. Requested treatments include Flector 1.3% #60. The injured worker is under full duty. Date of Utilization Review: 07-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% QTY: 60: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed Voltaren in the past several months without good response. There is no indication that Flector is superior to Voltaren. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.