

Case Number:	CM15-0166314		
Date Assigned:	09/04/2015	Date of Injury:	05/24/1999
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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, 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:

This is a 62 year old female patient, who sustained an industrial injury on 5-24-1999. The diagnoses include patella chondromalacia and lower leg osteoarthritis. Per the doctor's note dated 9/3/15, she had complaints of right and left knee pain. Per a progress note dated 7-31-2015, she had complaints of chronic bilateral knee pain. Physical examination showed bilateral knee tenderness, effusion and crepitus, active range of motion- flexion 100 on the right and 135 on the left; and extension 0 degree bilaterally, positive Mc Murray and patellar grind test on the right side. The medications list includes flector patches, voltaren gel and lyrica. She has undergone knee arthroscopy, carpal tunnel release and trigger finger release. Treatment to date has included viscosupplementation injections which help with her pain and allow her to continue working, home exercises and medication management. The treating physician is requesting Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15) Flector® patch (diclofenac epolamine).

Decision rationale: Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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." Evidence of neuropathic pain is not specified in the records provided. The medications list includes Lyrica. Failure of antidepressant for this injury is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, according to the ODG guidelines, flector patch is "Not recommended as a first-line treatment." Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Post-marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver". The request for Flector Patches is not medically necessary or fully established for this patient at this juncture.