

<b>Case Number:</b>	CM15-0169506		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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:

This is a 33 year old male with a date of injury on 5-9-2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, left knee strain and left knee anterior ligament tear. Medical records (5-26-2015 to 7-28-2015) indicate ongoing left knee pain rated at eight out of ten without medications and three to four out of ten with medications. He also reported numbness and tingling in his left knee. He reported that with taking his current medications, he is able to work. Per the progress report dated 7-9-2015, the injured worker was able to maintain a high level of function, including running, soccer and football. The physical exam (7-28-2015) revealed moderate crepitus and pain left knee with flexion and extension. He had an antalgic gait on the left. He was fitted with a left custom knee brace. Treatment has included knee injections, knee surgery, acupuncture, and medications. The injured worker has been prescribed Flector patches since at least 5-28-2015. The original Utilization Review (UR) (8-5-2015) non-certified a request for Flector Transdermal Patches. Utilization Review approved requests for Ibuprofen, Percocet and Lyrica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector transdermal patches 1.3% qty: 60.00: 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), Drug Formulary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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 a Flector for over a month. There is limited evidence to support long-term use of Flector. Topical Flector can reach systemic levels similar to oral NSAIDs and the claimant remained on oral NSAIDs and opioids. The Flector patch is not medically necessary.