

Case Number:	CM15-0182119		
Date Assigned:	09/23/2015	Date of Injury:	12/11/2010
Decision Date:	10/27/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old female, with a reported date of injury of 12-11-2010. The diagnoses include low back pain, bilateral knee pain, bilateral hip pain, and neck pain. Treatments and evaluation to date have included Effexor, Ultracet, Motrin, Ambien, Tizanidine, Flector patch (since at least 08-2014), Vicodin, Naproxen, Celebrex, Tylenol, acupuncture, left knee lateral release on 05-20-2012, and a functional restoration program. The diagnostic studies to date have not been included in the medical records. The progress report dated 08-03-2015 indicates that the injured worker was there for ongoing evaluation of her low back pain and bilateral knee pain. It was noted that the injured worker would like to have some knee braces to give her more stability with her exercises. The treating physician noted that Tramadol brought the injured worker's pain from 8 out of 10 down to 3 out of 10. It was also noted that the Flector patch significantly helped with the acute flare-ups of back pain. The injured worker wanted to continue with the patch. The objective findings include significant tenderness to palpation of the lumbar spine paraspinal muscles, tenderness to palpation of the bilateral knees, no significant swelling on inspection, and negative bilateral straight leg raise test. There was documentation that the injured worker had improved function, but without the medications, she would struggle to be able to go to the gym and attend school; she denied any side effects; and the injured worker had a pain contract signed on file. There was also documentation that the injured worker only got her medication from the office and was not asking for early refills, and the urine drug screen performed on the day of the visit was "consistent". It was noted that an MRI of the lumbar spine on 11-27-2012 showed a broad-based disk protrusion at L4-5, slightly more over to the right side and an annular tear at L5-S1. The treatment plan included Flector patch

and bilateral knee braces. The injured worker's condition was indicated as permanent and stationary. The progress report dated 07-06-2015 did not include the injured worker's current pain rating. The treating physician requested one pair of bilateral knee braces and Flector patch #30 with two refills. On 08-17-2015, Utilization Review (UR) non-certified the request for one pair of bilateral knee braces and Flector patch #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pair of bilateral knee braces: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant sustained a work injury in December 2010 as the result of a slip and fall. A left lateral knee release was done in May 2012. Treatments have included completion of a functional restoration program, medications, and physical therapy. When seen, she was having difficulty sleeping. She was requesting a braces for stability when performing exercises. Physical examination findings included significant lumbar paraspinal muscle and bilateral knee tenderness. There was negative straight leg raising. Medications were refilled. Ibuprofen was being prescribed. Knee braces were requested. Medications being requested include Flector. A knee brace may be appropriate in a patient with knee instability, or after ligament reconstruction, articular defect or meniscal repair, tibial plateau fracture, or high tibial osteotomy, or in the setting of pain after a failed total knee arthroplasty, or when there is a diagnosis of avascular necrosis or painful unicompartmental osteoarthritis. In this case, the type of brace being requested is not specified, None of these conditions is supported by the information provided. The requested bracing is not considered medically necessary.

Flector patch, #30 with 2 refills: 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), Pain (Chronic): Flector patch (diclofenac epolamine) 2015.

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

Decision rationale: The claimant sustained a work injury in December 2010 as the result of a slip and fall. A left lateral knee release was done in May 2012. Treatments have included completion of a functional restoration program, medications, and physical therapy. When seen, she was having difficulty sleeping. She was requesting a braces for stability when performing exercises. Physical examination findings included significant lumbar paraspinal muscle and

bilateral knee tenderness. There was negative straight leg raising. Medications were refilled. Ibuprofen was being prescribed. Knee braces were requested. Medications being requested include Flector. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant is also taking ibuprofen, an oral NSAID, and prescribing a topical NSAID is duplicative. Additionally, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment. Flector is not considered medically necessary.