MAXIMUS Federal Services

Case Number:	CM15-0191870		
Date Assigned:	10/05/2015	Date of Injury:	03/15/2002
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 41 year old female, who sustained an industrial injury on 3-15-02. The injured worker is being treated for right knee pain, cervical spine sprain-strain with myofascial pain, lumbar spine sprain-strain, lumbar fusion, right lower extremity radicular symptoms, right arthroscopic surgery, gastrointestinal reflux disease and right greater trochanteric hip bursitis. Urine drug screen was noted to be consistent with medications prescribed. Treatment to date has included lumbar fusion, oral medications including Neurontin, Ultram and Xanax; topical Flector (since at least 10-7-14) and Lidoderm patch; physical therapy, acupuncture treatment, cane for ambulation, Synvisc injection and activity modifications. On 6-11-15 the injured worker complained of symptomatic pain over the cervical, lumbar spine and right hip with significant pain, instability and weakness in right knee. 9-15-15, the injured worker reports right hip pain which is increasing and pain over cervical and lumbar spine in addition to right knee pain which have not been severe with less stiffness and increasing strength and stabilization. She rates her pain 6-7 out of 10 with medications and 10 out of 10 without medications and notes medications allow her to function and she is better able to perform activities of daily living. Work status is noted to be temporary total disability. Physical exam performed on 6-11-15 and 9-15-15 revealed tenderness to palpation over the right greater trochanteric region, tenderness to palpation from L4-S1 with muscle spasms and restricted lumbar range of motion; mild tenderness is noted from C5 through T1 with no spasm and tenderness is noted over the medial and lateral joint line with normal range of motion. On 9-18-15 a request for authorization was submitted for Flector 1.3% patch #60, Celecoxib 100mg #60 and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Flector patches contain diclofenac, a non-steroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." While it is noted that the injured worker suffers from knee pain secondary to arthritis, per the medical records submitted for review, the injured worker has been using this medication since at least 6/2015. As it is not recommended for long-term use, the request is not medically necessary.