

<b>Case Number:</b>	CM15-0193502		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/13/2006
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 64-year-old male, who sustained an industrial injury on 4-13-2006. The injured worker was diagnosed as having tear of medial cartilage or meniscus of knee, current, and reflex sympathetic dystrophy of the lower limb. Treatment to date has included diagnostics, right knee surgery x2, and medications. On 8-26-2015 and 9-23-2015, the injured worker complains of continued right knee pain, not rated. He reported using medications and a cane to control his pains. He reported resting a lot and riding a tricycle about 5 blocks daily. The treating physician documented that he recently developed left knee discomfort. It was documented that "He cannot take Naproxen until he finished his other meds." No known allergies were documented. Current medications included Hydrocodone, Naproxen, and Flector (since at least 5-22-2013). Objective findings included a weak quad gait, flipping his knee forward. The right knee was hypersensitive, noting that "his whole leg shakes when touching the quad" and motion was 0-120 degrees. His patella seemed to lock and pop with flexing the knee. He wore a Flector patch on the front of the knee, "which helps a lot". X-ray of the right knee (7-01-2014) was documented to show minimal arthritic changes. Failed-trialed medications were not noted. Work status was Maximum Medical Improvement with restrictions. The treatment plan included Flector 1.3% patch, #30 with 5 refills, modified by Utilization Review on 9-30-2015 to Flector 1.3% patch, #30 with 2 refills.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector 1.3% transdermal patch 5 refills #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Oral NSAIDs.

**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. Although, topical NSAIDs may be used in the short term for arthritis, the claimant was also using Flector with oral NSAIDs. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The continued use of Flector patch is not medically necessary.