

Case Number:	CM15-0195341		
Date Assigned:	10/09/2015	Date of Injury:	04/30/2000
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 4-30-2000. Medical records indicate the worker is undergoing treatment for lumbar radiculitis, chronic hip and low back pain, left knee pain and bilateral hip replacements. A recent progress report dated 9-8-2015, reported the injured worker complained of low back pain rated 4-5 out of 10, increased heartburn at night and after eating and left leg pain. Physical examination revealed positive right straight leg raise test and crepitus with left knee range of motion. Radiology studies were noted in the progress note as bilateral knee magnetic resonance imaging showed grade 3 tear and right knee showed grade 3 tear and lumbar magnetic resonance imaging showed lumbar disc bulge of 2mm at lumbar 3-sacral 1. Treatment to date has included left leg surgery on 6-30-2015, physical therapy, psychotherapy, TENS (transcutaneous electrical nerve stimulation), bilateral hip replacements and medication management. The physician is requesting Flector 1.3% patches #60. On 9-15-2015, the Utilization Review noncertified the request for Flector 1.3% patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches, Qty 60: 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: Pain - Flector patch.

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

Decision rationale: The 50 year old patient complains of mild back pain, rated at 4-5/10, left leg pain and right hip pain along with anxiety and depression, as per progress report dated 09/08/15. The request is for Flector 1.3% patches, QTY 60. The RFA for this case is dated 09/08/15, and the patient's date of injury is 04/30/00. The patient is status post left leg surgery on "June 30th" (no year), as per progress report dated 09/08/15. The patient is also status bilateral hip replacement in 2004/2005, and status post bariatric surgery in 2012. Diagnoses also included lumbar spine radiculitis, left knee pain, diabetes, gastritis, sleep apnea, and obesity. MRI of the bilateral knees indicates grade III tears. Medications included Flector patch, Tramadol, Cyclobenzaprine, Omeprazole, Hydrochlorothiazide, Escitalopram, and Lorazepam. Diagnosis, as per progress report dated 08/13/15, included depressive disorder, insomnia. The patient is receives Social Security disability benefits, as per progress report dated 07/29/15. Regarding topical NSAIDs, MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, pg 111-113 states, "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)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks."In this case, Flector patch is only noted in progress report dated 09/08/15. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. The treater does not explain where and how the patch will be applied. There is no documentation of efficacy as well. Additionally, there is no diagnosis of osteoarthritis and tendinitis for which Flector patch is indicated. Given the lack of relevant documentation and diagnoses, the request for Flector patch is not medically necessary.