

Case Number:	CM15-0223481		
Date Assigned:	11/19/2015	Date of Injury:	06/29/2000
Decision Date:	12/31/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/13/2015

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 90 year old female, who sustained an industrial injury on 6-29-00. The injured worker was being treated for degenerative joint disease of right knee. On 9-23-15, the injured worker reports she ran out of Flector patches and would like more. Documentation does not indicate pain relief or functional improvement with use of Flector patches. Level of pain prior to and following use of the medication is not documented. Physical exam performed on 9-23-15 revealed tenderness of right knee with a large effusion and gross palpable crepitus. Treatment to date has included right knee arthroscopic surgery, Flector patches (since at least 4-2-15), steroid injections of right knee and activity modifications. On 9-23-15 request for authorization was submitted for Flector patches #60. On 10-6-15 request for Flector patches #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% #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 Chapter, updated 7/15/15 - Flector Patches.

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

Decision rationale: The claimant, now 90 years old, has a remote history of a work injury occurring in August 1993. She continues to be treated for right knee pain. She had surgery for a meniscal tear and chondromalacia in April 2003. When seen, she had run out of Flector patches. She was continuing to perform her own activities including driving. Physical examination findings included knee tenderness with a large joint effusion and grossly palpable crepitus. Authorization was requested for a neoprene knee brace with patellar cutout, an injection of Marcaine and Depo-Medrol, and Flector Patches. 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, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. The claimant has localized knee pain and functions independently and would not be expected to have difficulty using a topical medication in a non-patch formulation. Flector is not recommended as a first-line treatment. The request is not considered medically necessary.