

<b>Case Number:</b>	CM15-0035252		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New York, West Virginia, Pennsylvania  
Certification(s)/Specialty: Emergency Medicine

### 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 female, who sustained a work related injury on 9/23/09. The diagnoses have included right knee effusion, medial compartment meniscus tear and subluxation and possible femoral condyle degeneration. Treatments to date have included MRI right knee dated 11/28/11, home exercise program and activity restrictions. In the PR-2 dated 1/26/15, the injured worker complains of right knee pain and swelling that is brought on by all weight bearing activities and exercise. She states that her pain medication regimen, activity restriction and rest help to keep her pain tolerable. She can ambulate at a normal pace. She is able to squat with minimal restriction. The treatment plan is to refill prescriptions of medications including requested Flector patches and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flector Patch.

**Decision rationale:** Guidelines do not support use of diclofenac topically at the same time as other topical NSAIDs for treatment of pain from degenerative changes. In this case, there is no documentation for use and efficacy of oral NSAIDs and the patient is also on topical Pennsaid gel. The request for Flector patch #30 is not medically necessary.

**Celebrex 50mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; NSAIDs, GI symptoms & cardiovascular risk Page(s): 23, 64, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** Guidelines note that use of NSAIDs chronically and daily is not supported. In this case, documentation is lacking of monitoring for side effects. In addition, it is not clear for what condition the Celebrex is prescribed for especially since the Synvisc injection resulted in significant improvement. Thus, the request for celebrex 50 mg #60 is not medically necessary.