

Case Number:	CM15-0038070		
Date Assigned:	03/06/2015	Date of Injury:	08/18/2013
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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, 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:

This 54-year-old male sustained a work related injury on 08/18/2013. According to a progress report dated 10/24/2014, the injured worker complained of intermittent right medial anterior knee pain. He used a can intermittently due to knee pain. Pain was rated 6-7 on a scale of 1-10. Review of systems demonstrated no abdominal pain or bleeding, no focal weakness or paresthesia of the arms or legs. Physical examination of the knee demonstrated well healed port scars, tenderness to palpation of the medial joint line of the right knee, normal left knee, no patellar subluxation or tenderness noted and no tenderness or deformity of the popliteal fossa was noted. There was no joint effusion present. Range of motion was normal bilaterally. There were no atrophy lesions or asymmetry of the quadriceps muscles noted. There was 5/5 muscle strength noted in the lower extremity with flexion L5-S1 and extension L2-L4. Patellar and Achilles deep tendon reflexes were 2/3+. Sensation was intact. Diagnoses included osteochondritis dissecans of right knee, right knee joint pain and osteoarthritis of right knee. Plan of care included Flector patches as needed, Naproxen as needed, Gabapentin every bedtime for chronic pain, appeal denial of physical therapy and follow up on six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector 1/2 patch (diclofenac epolamine).

Decision rationale: Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. Additionally, there is no indication that the patient has failed oral NSAIDs or has contraindications to their use. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.