

Case Number:	CM15-0085547		
Date Assigned:	05/07/2015	Date of Injury:	12/01/2010
Decision Date:	06/08/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/04/2015

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 female, with no date of birth provided, who sustained an industrial injury on 12/1/2010. Her diagnoses, and/or impressions, are noted to include: lumbar disc protrusion; chronic medical meniscus tear of the left knee with complete cartilage loss; status-post left knee medial meniscectomy; left knee chondroplasty with osteoarthritis; right-sided cervical dorsal rami involvement; mild left dorsal lateral broad-based left cervical disc bulges with left-sided neuro- foraminal narrowing; and chronic myofascial pain syndrome. No current imaging studies are noted. Her treatments have included right knee steroid injection therapy; right, versus bilateral, knee arthroscopic surgery; left knee Supartz injections (3/10/2015 & 3/26/15); rest from work before a return to modified work duties; and medication management. The progress notes of 4/20/2015 reported complaints of constant, moderate neck pain that shoots down the upper extremities, right > left, and is aggravated by activity; as well as escalating right knee pain for which she requested a Synvisc injection. Objective findings were noted to include restricted right knee range-of-motion with medial joint line tenderness; loss of lordotic curve and restricted range-of-motion to the cervical spine; diminished sensation of the medial and lateral right forearm; and para-vertebral muscle spasms with tenderness in the lower cervical and right supraclavicular region. The physician's requests for treatments were noted to include continuing her Flector patches so that she could return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch quantity 30 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111- 112 Page(s): 111-113.

Decision rationale: The claimant sustained a work injury in December 2010 and continues to be treated for reading neck pain and, when seen, was having worsening right knee pain. Prior treatments had included arthroscopic surgery. The pain was rated at 6-7/10. She was requesting a Synvisc injection. Physical examination findings included decreased knee range of motion with medial joint line tenderness and diffuse swelling. Medications were Neurontin and Norco and authorization for Flector patch was requested. Medications had previously included Naprosyn and she was taking Protonix due to stomach upset and heart burn. Topical analgesics are recommended as an option for chronic musculoskeletal pain. In this case, the claimant has reported benefit with the use of Flector without reported adverse side effect. She has a history of gastric upset with oral non-steroidal anti-inflammatory medication. Topical NSAIDs have a better safety profile than oral NSAIDs. Adverse effects secondary to topical NSAID use occur in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. This is compared with a 15% incidence reported for oral NSAIDs. In this case, the dose is within that recommended for use and the quantity requested is consistent with the number being prescribed. The claimant is working. Flector was medically necessary.