

Case Number:	CM14-0119932		
Date Assigned:	09/16/2014	Date of Injury:	04/29/2011
Decision Date:	11/19/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 represented employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 29, 2011. Thus far, the injured worker has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 7, 2014, the claims administrator non-certified the request for Flector patches. The injured worker's attorney subsequently appealed. In a March 4, 2014 progress note, the injured worker reported ongoing complaints of right knee pain, moderate-to-severe, with associated complaints of low back pain. The injured worker was severely obese, with a BMI of 42. The injured worker's medication list included Nucynta, Skelaxin, Celebrex, Maxzide, Lyrica, and Flector. The stated diagnoses included internal derangement of the knee, myalgias, myositis, low back pain, and hip pain. Multiple medications were refilled, including the Flector patches at issue. The injured worker received trigger point injections in the clinic setting. On June 17, 2014, Nucynta and Flector were endorsed for ongoing complaints of low back and knee pain. The injured worker's medications at this point included Nucynta, Flector, Lyrica, and Norflex. The injured worker's stated diagnoses included possible lumbar radiculopathy, right knee internal derangement, patellar chondromalacia, and obesity. Epidural steroid injection therapy was sought. The injured worker was apparently returned to regular work on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #90 every 12 hrs.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids Page(s): 74-75,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Topical Diclofenac/Voltaren Section Page(s): 112.

Decision rationale: Flector is a derivative of diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Topical Voltaren/diclofenac/Flector is indicated in the treatment of small joint arthritis which lends itself toward topical application such as, for instance, the knees, ankles, fingers, wrists, elbows, etc. Topical diclofenac/Voltaren has "not been evaluated" for issues involving the spine, hip, and/or shoulder. In this case, the injured worker's primary pain is located in the low back, a body part for which topical diclofenac/Voltaren/Flector has not been evaluated. Neither of the injured worker's treating providers has explicitly listed knee arthritis as one of the operating diagnoses. Therefore, the request is not medically necessary.