

Case Number:	CM14-0161266		
Date Assigned:	10/06/2014	Date of Injury:	08/13/2013
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology; has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old male with a 8/13/13 date of injury, and right knee partial meniscectomy on 1/6/14. At the time (8/5/14) of request for authorization for Flector patch (Diclofenac Epolamine patch) 1.3%, there is documentation of subjective (right knee pain and stiffness) and objective (antalgic gait on right and decreased knee range of motion) findings, current diagnoses (right knee osteoarthritis), and treatment to date (medications (including ongoing treatment with Vicodin and Vistaril), physical therapy, and steroid injection). Medical report identifies that the patient's blood pressure increased with use of NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch (Diclofenac Epolamine patch) 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of a diagnosis of right knee osteoarthrosis. In addition, there is documentation of osteoarthritis pain in joints that lend themselves to topical treatment (knee). Furthermore, given documentation that the patient's blood pressure increased with use of NSAIDs, there is documentation of contraindications to oral NSAIDs. However, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Flector patch (Diclofenac Epolamine patch) 1.3% is not medically necessary.