

<b>Case Number:</b>	CM14-0161459		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/26/2009
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 33-year-old male who reported an injury on 04/26/2009 due to slipping on a ladder; he hung with his left hand, hitting his back on the wall when he fell 7 feet to the ground hitting the ladder. Diagnoses were: status post left knee arthroscopy with partial medial meniscectomy after previous meniscus repair; chondroplasty of the patella and previous chondroplasty lateral tibial plateau; anterior interval release; and right knee pain, rule out medial meniscal tear. Physical examination dated 09/15/2014 revealed that the injured worker's hip had not responded to conservative management. There were no new injuries or complaints about the hip. The injured worker was there for preoperative assessment and wished to proceed with the planned hip arthroscopy. Examination revealed that the injured worker walked with an antalgic gait. Range of motion of the hip was 0 to 120 degrees. There was tenderness to palpation about the greater trochanter, positive impingement, positive Faber and negative straight leg raise test. The injured worker was neurovascularly intact with 2+ distal pulses and sensation to light touch distally. Treatment plan was for surgery to the left hip for arthroscopy. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs Page(s): 111.

**Decision rationale:** The request for Flector patches Qty 30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4 to 12 weeks. There is little evidence indicating the effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. It was not reported where the Flector patch was indicated to be used on the injured worker. The efficacy of this medication was not reported. There was no significant functional benefit reported from the use of this medication. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.