

Case Number:	CM14-0119558		
Date Assigned:	08/06/2014	Date of Injury:	04/30/2008
Decision Date:	05/01/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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

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 55 year old female, who sustained an industrial injury on 4/30/2008. Diagnoses have included neck sprain/strain, degenerative joint disease of the knee and shoulder/arm sprain/strain. Treatment to date has included physical therapy, cognitive behavior therapy and medication. According to the Primary Treating Physician's Progress Report dated 2/11/2014, the injured worker complained of right knee pain and neck pain. The injured worker reported a significant increase in pain the last night that caused nausea and vomiting. Physical exam revealed tenderness to palpation of the right shoulder and neck with decreased, painful range of motion. The requested treatments are Flector patches, Gralise and Pamelor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch #30 1 patch every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines page 15; Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain and Topic Flector patch.

Decision rationale: The patient presents with pain and weakness in his neck and right knee. The request is for FLECTOR PATCH 1.3% #30. Per 02/11/14 progress report, the patient is taking Pamelor, Flector patch, Gralise and Fioricet. The 04/12/13 progress report states that "Medications [including Flector patch 1.3%] decrease pain and allow for activity. No side effects." Regarding work status, the treater states that the patient is on permanent and stationary. Regarding topical NSAIDs, MTUS Topical Analgesics, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." In this case, the patient presents with right knee DJD for which this patch may be indicated. However, the treater does not mention how this topical is being used and how helpful it has been in reducing pain and improving function. The treater does not indicate that it is to be used for short-term only. The review of the reports shows that the patient has been utilizing Flector patch since at least 04/12/13. MTUS only supports a short-term use. Therefore, the request IS NOT medically necessary.