MAXIMUS Federal Services

Case Number:	CM14-0212107		
Date Assigned:	01/02/2015	Date of Injury:	09/03/2013
Decision Date:	03/04/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 records presented for review indicate that this 48-year-old female sustained an injury on September 3, 2013. The mechanism of injury was not noted in the records reviewed. Previous treatment has included a right knee arthroscopy performed on August 14, 2014, which included a partial medial and lateral meniscectomy as well as a chondroplasty. A cortisone injection was also completed on September 22, 2014. The most recent progress note is dated December 4, 2014 and includes a complaint of right knee pain. Pain was rated at 7/10 and there was stated to be difficulty with prolonged standing and walking. The physical examination revealed the presence of a right knee effusion and well healed portals from prior surgery. There was tenderness at the medial and lateral compartments and decreased flexion limited to 130. The injured employee was unable to perform a complete squat. Diagnoses included internal derangement of the right knee, right knee sprain, and mild dyspepsia. The treatment plan includes a waiting for approval of Orthovisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the California MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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)."The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. The progress note dated December 4, 2014 does include a diagnosis of mild dyspepsia and a progress note dated November 6, 2014 indicates that the injured employee's primary care provider has diagnosed her with an ulcer. Additionally, the previous right knee arthroscopy also includes findings of grade III chondromalacia and the lateral femoral compartment and grade II - III chondromalacia at the lateral aspect of the patella which are signs indicative of osteoarthritis. However, this medication has been prescribed since October 27, 2014 which is at least 16 weeks and there is no documentation of efficacy with prior usage of Flector patches. Without any documented justification of this medications efficacy or reasoning to deviate from the Guidelines, this request for continued usage of Flector patches is not medically necessary.