

<b>Case Number:</b>	CM14-0218378		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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, New York, Florida  
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 67-year-old male who reported an injury on 09/02/2011. The diagnosis was noted to be hemarthrosis. Prior therapies included physical therapy. The mechanism of injury was the injured worker's chair rolled out from under him, and he struck both knees on a desk and jammed his right heel against concrete. The injured worker underwent a left knee arthroscopy, a right knee arthroscopy, and a right Achilles tendon surgery x2. The injured worker underwent a viscosupplementation series and was utilizing a cane. The documentation of 11/24/2014 revealed physical therapy was helpful for relieving pain. With stopping the therapy, the injured worker complained of an increase in pain which was worse at night and with weight bearing. The injured worker was noted to be utilizing hydrocodone and meloxicam for his knee pain and ankle pain. Physical examination of the right heel revealed mild diffuse swelling and mild tenderness to palpation in the posterior aspect of the right heel. There was pain with dorsiflexion in the ankle, and the plantar flexion strength was 5/5. Dorsiflexion strength was limited secondary to pain. There was hyperpigmentation of the skin near the ankle. The diagnoses included status post left heel I&D on 02/21/2013. The treatment plan included Flector patches and physical therapy. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch, twenty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section Page(s): 12.

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

**Decision rationale:** 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. 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 effectiveness for treatment of osteoarthritis of the spine, hip, or shoulder. The clinical documentation submitted for review indicated the injured worker was utilizing an oral NSAID. There was a lack of documentation indicating a necessity for an additional NSAID. Additionally, there was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants, and there is a lack of documentation indicating the injured worker had osteoarthritis, for which this medication is recommended. The request as submitted failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for Flector 1.4% patch, twenty count is not medically necessary.