

Case Number:	CM15-0111228		
Date Assigned:	06/17/2015	Date of Injury:	03/06/2007
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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, 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 injured worker is a 61 year old male who sustained an industrial injury on 03/06/2007. Current diagnoses include chronic pain syndrome, morbid obesity, osteoarthritis lower leg-bilateral knees, knee pain, adjustment reaction with prolonged depressive reaction, and chronic post op pain, status post right shoulder replacement. Previous treatments included medication management, surgery, aqua therapy, and home exercise program. Report dated 05/22/2015 noted that the injured worker presented with complaints that included knee pain. Pain level was 5 out of 10 on a visual analog scale (VAS). Physical examination was positive for 120 degrees of flexion and a well healed surgical scar. The treatment plan included refilling medications which included AndroGel, Opana ER, Norco, Celebrex, Gralise, and Cymbalta, and restarted on Flector patches, continue with post op evaluation, continue home exercise program, pool aqua therapy and stretching, and return in 2 months. Documentation supports that the injured worker has previously used Flector patches, but discontinued them. Disputed treatments include Flector #30 with 1 refill. Notes indicate that the patient is using Celebrex and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of Flector #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. Additionally, there is no indication that the patient has failed oral NSAIDs or has contraindications to their use. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.