

Case Number:	CM15-0113089		
Date Assigned:	06/19/2015	Date of Injury:	01/17/2003
Decision Date:	07/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 53-year-old female with an industrial injury dated 01/17/2003. Her diagnoses included cervical disc displacement, cervical disc degeneration, and pain in joint involving shoulder region, osteoarthritis, localized, involving lower leg and joint pain left leg. Prior treatment included cortisone injections, oral medications and referral to spine specialist. She presents on 05/22/2015 for evaluation of her left knee pain over the lateral aspect of her knee. The pain is described as being dull and achy and is worse with activity and better with rest. Her last cortisone injection lasted 3 months but now has worn off and her pain is back. Physical exam noted tenderness over the medial and lateral joint line. Lachman, posterior drawer and McMurray's test were negative. Sensation was intact to light touch. The injured worker received a cortisone injection into her knee at the visit. Her medications included Flector patch, Cyclobenzaprine, Ibuprofen, Valium and Neurontin. The request is for Flector patches 1.3% # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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. In this case, the claimant has been prescribed Flector for over 6 months in combination with oral NSAIDs. There is limited evidence to support long-term use of Flector. Topical NSAIDs can reach levels similar to that of oral NSAIDs. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.