

Case Number:	CM15-0116190		
Date Assigned:	06/24/2015	Date of Injury:	08/14/2013
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 14, 2013. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve requests for topical Flector patches and an interferential unit. The claims administrator referenced a May 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated December 1, 2014, the applicant reported ongoing complaints of knee and leg pain reportedly attributed to patellofemoral arthritis and grade 3 meniscal derangement. 4/10 knee pain complaints were noted. The note was very difficult to follow and not altogether legible. The applicant was apparently using tramadol, Norco, and Flector patches for pain relief. 7/10 without medications versus 3/10 pain with medications was reported. The attending provider stated that the applicant was working, admittedly through preprinted checkboxes, and also suggested that usage of medications had ameliorated the applicant's ability to perform activities of daily living. On April 20, 2015, the applicant was described as having 3-5/10 knee pain complaints. The applicant was working full time, regular duty work. Viscosupplementation injection therapy and medications, including Flector, had reportedly proven beneficial. The claims administrator's medical evidence log suggested that the most recent progress note on file was dated April 20, 2015; thus, the May 11, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3 Percent #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: The request for Flector patches was medically necessary, medically appropriate, and indicated here. Flector is a derivative of topical diclofenac/Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren is indicated in the treatment of osteoarthritis pain relief in joints which lend themselves toward topical application, such as the knee, the primary pain generator here. Both of the applicant's treating providers seemingly posited that ongoing usage of Flector patches had proven effective in attenuating the applicant's knee pain complaints, had facilitated the applicant's ability to perform home exercises, and had reportedly facilitated the applicant's ability to maintain full-time, regular duty work status. All of the foregoing, taken together, did suggest that the applicant was deriving appropriate benefit from ongoing Flector patch usage in terms of the functional improvement parameters established in MTUS 9792.20e. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

IF Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Conversely, the request for an interferential unit [purchase] is not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the said interferential stimulator, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, it did not appear that the applicant had previously received a one-month trial of the interferential unit in question before the request to purchase the same was initiated. While it is acknowledged that the May 11, 2015 progress note in which the claims administrator based its decision upon was not incorporated into the IMR packet, the historical information on file, including the April 20, 2015 progress note referenced above, made no mention of the applicant's using an interferential stimulator device as of that point in time. Provision of the interferential unit in question on a purchase basis, thus, was not indicated as it did not appear that the applicant had undergone a successful one-month trial of the same before the request to purchase the same was initiated. Therefore, the request is not medically necessary.