

Case Number:	CM15-0126746		
Date Assigned:	07/13/2015	Date of Injury:	04/15/2013
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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:

This is a 60 year old female with an April 15, 2013 date of injury. A progress note dated March 13, 2015 documents subjective complaints (feels that she is regressing without physical therapy; pain in the hip with working with restrictions), objective findings (left hip internal rotation to 30 degrees with very mild discomfort; external rotation is about 60 degrees with mild lateral pain with deep palpation and mild stiffness; decreased strength testing throughout with no pain), and current diagnoses (status post hip arthroscopy with lateral debridement and femoral neck resection, left hip). Treatments to date have included hip surgery, physical therapy, home exercise, and medications. The treating physician documented a plan of care that included Flector dis 1.3% # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector dis 1.3% # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, NSAIDs Section Page(s): 67-73, 111-113.

Decision rationale: The Flector Patch is a topical analgesic containing Diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. In this case, the injured worker's pain is in the hip. This medication has not been evaluated for use with hip pain, therefore, the request for Flector dis 1.3% # 30 is determined to not be medically necessary.