

Case Number:	CM15-0174392		
Date Assigned:	09/16/2015	Date of Injury:	05/14/1999
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a 47 year old male who sustained an industrial injury on 5-14-99. Diagnoses included chronic thoracic strain; residual left knee internal derangement, status post left knee arthroscopy with synovectomy and extension of plica; situational depression, anxiety; pain related insomnia. He currently (8-4-15) complains of continued chronic mid to upper back and left knee pain. His medications offer 40-50% reduction of pain. His pain level was 7 out of 10 without medication and 4 out of 10 with medication. On physical exam there was tenderness of the thoracic spine; slight tenderness along the medial aspect of the left knee, slight crepitus and normal range of motion bilaterally. Treatments to date include medications: Cymbalta, Nucynta, Mobic, Flector patches; transcutaneous electrical nerve stimulator unit with benefit; status post left knee arthroscopy with synovectomy and excision of plica (7-1-10). A request for authorization dated 8-4-15 indicated Flector 1.3% patch #60 with 1 refill and a request dated 2-25-15 for Cymbalta 30mg #60. In the progress note dated 8-4-15 the treating provider noted that Flector patch manages the injured workers back and left knee pain; Cymbalta manages his situational depression (improved 40-50%) and anxiety so he is adequately motivated with activities of daily living and he is able to cope with daily stress and prevent panic attacks. The 9-17-13 progress note indicates that the injured worker has been on these medications at least since that date making it over a year of treatment but with continued pain and symptoms. On 8-11-15 utilization review evaluated and non-certified the requests for Flector patch 1.3% #60 with 1 refill based on short-term recommendation for use; Cymbalta due to lack of quantifiable improvement in symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Flector 1.3% patches, Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation www.flectorpatch.com.

Decision rationale: MTUS Guidelines and the FDA/Manufacturer do not support the use of Flector patches for chronic conditions. There are other delivery systems that have support for use with knee arthritis, but Flector Patches are not recommended for this purpose. The patches are recommended for the short term use of acute strains and pain only. There are no unusual circumstances to justify an exception to Guidelines. The Prescription of Flector 1.3% patches, Qty 60 with 1 refill is not medically necessary.

Cymbalta, unknown prescription: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Duloxetine (Cymbalta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Medications for depression.

Decision rationale: ODG Guidelines does not adequately address the issue of medication use for depression, which is the primary reason stated for the use of Cymbalta. It can be utilized for some chronic pain disorders and may be beneficial in this regard, but it is clearly documented to have meaningful benefit for this individual's depression/panic attacks i.e. 40% improvement in depression and diminished panic attacks. Under these circumstances, its use is Guideline supported. The Cymbalta is medically necessary.