MAXIMUS Federal Services

Case Number:	CM15-0033631		
Date Assigned:	02/27/2015	Date of Injury:	07/18/2011
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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

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 64 year old female, who sustained an industrial injury on 7/18/2011. The details of the initial injury were not submitted for this review. The diagnoses have included right knee internal derangement, left medial meniscus tear. Treatment to date has included medication therapy, physical therapy, and hyalgan injections to right knee x 3. Currently, the IW complains of bilateral knee pain with 60% pain relief with medications documented. The physical examination from 1/13/15 documented left knee with 0-160 degree Range of Motion (ROM), right knee 0-90 degree Range of Motion (ROM). The plan of care included continuation of medications as previously prescribed and continuation of group exercise. On 2/16/2015 Utilization Review non-certified Flector Patches #30, noting the recommendation regarding topical medications. The MTUS and ODG Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Flector Patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: Based on the 11/04/14 progress report, the patient complains of bilateral knee pain. The request is for FLECTOR PATCHES #30. The diagnoses have included right knee internal derangement, left medial meniscus tear. Treatment to date has included medication therapy, physical therapy, and hyalgan injections to right knee x 3. The patient is temporarily totally disabled. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents -NSAIDs- states: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the requesting progress report and RFA have not been provided. The reports provided are hand written and illegible. While the patient presents with knee pains for which topical NSAIDs can be considered, the treater does not document how the patches are used, how often and with what effectiveness. Given the lack of documentation regarding it's use and efficacy, the request IS NOT medically necessary.