

<b>Case Number:</b>	CM15-0063337		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, Illinois

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 59 year old man sustained an industrial injury on 10/15/2013. The mechanism of injury is not detailed. Evaluations include bilateral knee x-rays, undated. Diagnoses include bilateral knee arthritis and left knee replacement. Treatment has included oral medications, compression stockings, aquatic therapy, surgical intervention, and post-operative physical therapy. Physician notes on a PR-2 dated 3/18/2015 show bilateral knee pain. Recommendations include aquatic therapy, right knee injection that has been denied and the worker does not wish to appeal at this time, and consideration of right knee MRI if aquatic therapy is not beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3%, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Flector® patch (diclofenac epolamine).

**Decision rationale:** The injured worker sustained a work related injury on 10/15/2013. The medical records provided indicate the diagnosis of bilateral knee arthritis and left knee replacement. Treatment has included oral medications, compression stockings, aquatic therapy, surgical intervention, and post-operative physical therapy. The medical records provided for review do not indicate a medical necessity for Flector patch 1.3%, thirty count. Flector patch is a topical analgesic containing Diclofenac. The MTUS states that the topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Although the medical records indicate the injured worker is being treated with the antidepressant cymbalta, this drug is not regarded as a first line antidepressant for pain control; there is no record the injured worker has failed treatment with a first-line antidepressant and anti-epilepsy drug. The Official disability Guidelines states that Flector patch is recommended for treatment of osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs; it is FDA indicated for acute strains, sprains, and contusions. The requested treatment is not medically necessary since there is no documented evidence that the injured worker has failed treated with oral medications.