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| Case Number: | CM15-0097926 | | |
| Date Assigned: | 05/29/2015 | Date of Injury: | 08/17/2011 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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, North Carolina
Certification(s)/Specialty: Family Practice

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 32-year-old male injured worker suffered an industrial injury on 08/17/2011. The diagnoses included post-traumatic stress disorder, major depressive disorder, patellofemoral syndrome, bone on bone arthritis of the knee, history of multiple thigh fractures, lumbar degenerative disc disease with radiculopathy and pelvic dysfunction. The injured worker had been treated with medications, cortisone injections, Synvisc injections, and acupuncture. On 4/9/2015 the treating provider reported right knee pain, right thigh pain, right lumbar radiculopathy. She was having worsening mobility and muscle aches over the entire body. The orthopedist recommended a total knee replacement due to the severity of the arthritis. On exam, there was tenderness to the right hip and impaired gait. The treatment plan included Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #60 1 patch to back BID 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized, controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when antidepressants and antiepilepsy drugs have failed. The FDA states that Flector patches (Diclofenac) are indicated for minor strains, sprains and bruising. They are also recommended for osteoarthritis after failure of an oral NSAID or contraindication to NSAIDs. In this case, the patient was injured 4 years ago and there is no documentation of recent acute injury that has failed to respond to first-line oral NSAIDs. The patient is also a candidate for knee arthroplasty. Therefore, the request is deemed not medically necessary.