

Case Number:	CM15-0099473		
Date Assigned:	06/01/2015	Date of Injury:	12/08/2006
Decision Date:	06/30/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male, who sustained an industrial injury on December 8, 2006. He reported low back pain, pelvic pain and left knee pain with radiating pain down the left lower extremity. The injured worker was diagnosed as having chronic pain syndrome, facet arthropathy of the lumbar spine, knee and lower leg pain, sacroilitis, post laminectomy syndrome of the lumbar region and low back pain. Treatment to date has included diagnostic studies, radiographic imaging, lumbar surgery, knee surgery, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain radiating through the buttocks and into the left lower extremity and left knee pain. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 5, 2014, revealed continued pain as noted. He reported increased pain and stiffness in the knee after ending physical therapy. Evaluation on January 2, 2015, revealed continued stiffness of the knee. Medications were continued and aggressive physical therapy was recommended. Pain patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% qty: 60: 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 (1) Medications for chronic pain, page 60 (2) Topical Analgesics, page 111-113.

Decision rationale: The claimant sustained a work injury in December 2006 and continues to be treated for radiating low back pain and left knee pain. He has undergone left total knee replacement revision surgery requiring manipulation under anesthesia. When seen, pain was rated at 8/10 with medications. There was lumbar spine and paraspinal muscle and facet tenderness with pain on range of motion. There was left lower extremity pain with improved range of motion. Medications being prescribed include Flector patch and a topical compounded cream for pain and inflammation with unspecified components. In terms of the requested Flector patch, since the claimant's other topical medication is not adequately described, the medical necessity of potentially another topical NSAID is not established. Additionally, a trial of topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. For these reasons, the requested medication is not medically necessary.