MAXIMUS Federal Services

Case Number:	CM14-0119391		
Date Assigned:	08/06/2014	Date of Injury:	07/23/2011
Decision Date:	10/21/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 51 year-old female was reportedly injured on July 23, 2011. The mechanism of injury is noted as a push and fall type event. The most recent progress note, dated August 15, 2014, indicates that there are ongoing complaints of psychiatric disturbance (anxiety, psychopathology, depressive disorder) as well as osteoarthritis of the knee and ankle. The physical examination demonstrated a normal appearing individual in mild distress. Some swelling of the knee was noted in the right lower extremity, there was tenderness to palpation over the pes anserine no other significant findings are reported. Diagnostic imaging studies objectified ordinary disease of life osteoarthritis. Previous treatment includes multiple medications and conservative care. A request made for Flector 1.3% Transdermal Patch #60 with 2 refills and Pennsaid 1.5% Topical Drops 150MLx 1 Bottle with 2 refills was denied in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Trensdemal Patch #60 with 2 refills: 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) pg. 111-112, 2010 Revision, Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: Flector patch is a topical NSAID indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Outside of the treatment of osteoarthritis, there's no other clinical indication for the use of this medication. While noting there is some objective occasion of loss arthritis, what is not established is that this medication has any efficacy or utility in terms of decrease in the pain complaints or increase in functionality. Therefore, based in the lack of any efficacy, utility or achievement of the intended goals, the request is considered not medically necessary.

Pennsaid 1.5% Topical Drops 150MLx 1 Bottle with 2 refills: 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) Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 71, 112.

Decision rationale: This is a topical solution that is essentially the same medication as noted above. Given that there is no clinical indication for the Flector patches, a topical solution is also not clinically indicated. There is no noted efficacy or utility, improvement in the overall clinical condition. Therefore, this is not medically necessary.