

Case Number:	CM13-0013359		
Date Assigned:	02/03/2014	Date of Injury:	09/22/2012
Decision Date:	04/22/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 60 year old who was injured on 9/22/2012. The diagnoses listed are low back pain, status post lumbar fusion, asthma, angina and heartburn. Current medications listed on the 3/22/2013 notes by [REDACTED] are Ventolin and loratidine for asthma, Norflex and Trazadone for depression, ibuprofen for pain, aspirin for cardiac prophylaxis and Flector patch for pain. The duration of treatment for these medications was not specified in the records provided. Past treatment showed completion of Physical Therapy program, lumbar epidural steroid injections in 2013 and two level lumbar fusion in 2010. A Utilization Review decision was rendered on 8/6/2013 recommending non-certification for Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH [DICLOFENAC/NSAID]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI INFLAMMATORY AGENTS (NSAIDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113..

Decision rationale: The CA MTUS addressed the use of topical NSAID for the treatment of chronic pain. Flector patch is 1.3% diclofenac epolamine patch. Topical NSAID are not superior

to oral NSAID for the treatment of joint pain. The incidence of gastritis and gastrointestinal bleeding is increased when NSAIDs are used concurrently in both oral and topical formulations. This patient is also on oral ibuprofen and aspirin. The patient is on medications to treat asthma and does have a history of heartburn. The use of NSAID is relatively contraindicated because of these co-existing medical conditions.