

Case Number:	CM13-0020120		
Date Assigned:	12/11/2013	Date of Injury:	02/04/2005
Decision Date:	01/13/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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 57 year old female who allegedly sustained injury on 02/04/05 on the job while breaking up a fight between two students when uneven ground caused her to twist her right foot and fall down. Examination noted normal lower extremity strength and painful sensation to light touch and pin prick. The current diagnoses are: Reflex sympathetic dystrophy; neuralgia; right foot pain; chronic pain. Treatment has included: Lumbar sympathetic block obtaining 50-60 percent overall improvement of the patient's right lower extremity pain, Lyrica 50mg, and exercise. In the most recent report on file, dated February 11, 2013, [REDACTED] noted that the patient has continued right knee and foot pain. The notes also suggest there was decreased painful sensation to pinprick in the right foot and ankle after lumbar sympathetic blocks. The current request is whether the prescriptions of Flector patches 1.3% #30 and Skelaxin 800mg #30 are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Flector Patches 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22. Decision based on Non-MTUS Citation RXList.com, an internet drug index.

Decision rationale: Flector Patch (diclofenac epolamine topical patch) (10 cm x 14 cm) is comprised of an adhesive material containing 1.3% diclofenac epolamine. According to the ACOEM Guidelines' section on topical analgesics, pages 21 to 22, an intermediate-quality study evaluated diclofenac epolamine (DHEP) lecithin gel versus placebo gel (patients' pain had been present for less than 5 days). Results indicated that "DHEP lecithin gel is a topically effective analgesic product in patients with shoulder peri-arthritis or lateral epicondylitis and provide further evidence on the use of topical NSAIDs as an optimal approach to the treatment of localized musculoskeletal disorders." A review of web based RXList suggests that Flector Patch, like other NSAIDs, may cause GI discomfort and, rarely, serious GI side effects, such as ulcers and bleeding, which may result in hospitalization and even death. To minimize the potential risk for an adverse GI event, physicians are advised to use the lowest effective dose for the shortest possible duration. The request for pharmacy purchase of Flector Patches 1.3% #30 is not medically necessary and appropriate.

Skelaxin 800mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle Relaxants Page(s): 61 and 65.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Metaxalone (marketed by King Pharmaceuticals under the brand name Skelaxin®) is a muscle relaxant that is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. It is a muscle relaxant that is reported to be relatively non-sedating. The Guidelines state, "The exact mechanism of action is unknown, but the effect is presumed to be due to general depression of the central nervous system.... Side Effects: dizziness and drowsiness, although less than that compared to other skeletal muscle relaxants. Other side effects include headache, nervousness, nausea, vomiting, and GI upset. A hypersensitivity reaction (rash) has been reported. Use with caution in patients with renal and/or hepatic failure." The prescription of Skelaxin 800mg # 30 is therefore not medically necessary for this patient based on the limited information provided for review as well as the evidence based guidelines. The request for Skelaxin 800mg #30 is not medically necessary and appropriate.