

Case Number:	CM13-0027375		
Date Assigned:	11/22/2013	Date of Injury:	03/27/2002
Decision Date:	02/13/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

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 American Board of Family Medicine, has a subspecialty in American Board of Preventive Medicine 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:

58 yr. old female sustained an injury in March 2002 that resulted in chronic back pain. She has a history of fibromyalgia, hypertension, irritable bowel syndrome and major depression. A progress report noted on 6/11/13 indicated that she had gastric reflux that was improving. The documentation had indicated that prior NSAID use for her back pain contributed to the gastric reflux. A progress report on 8/13/13 indicated that the claimant had continued back pain and reduced range of motion. Flector patches were prescribed for topical pain management. A follow up on 9/21/13 had no comment regarding pain control on Flector. Another report on 10/29/13 indicated follow-up for GERD and irritable bowel but no pain control related issues were documented. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Flector patches contain Diclofenac (NSAID). According to the MTUS guidelines: The efficacy in clinical trials for this treatment modality (NSAIDS) has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. In this case, there is no documentation of pain response to Flector. The risk of systemic absorption is similar to oral NSAIDS and therefore still places the claimant at risk of gastric reflux. Based on the guidelines, it also provides no proven benefit for back pain. As a result the use of Flector is not medically necessary.