

Case Number:	CM13-0048920		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2012
Decision Date:	05/19/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/07/2013

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 Emergency Medicine and is licensed to practice in New York. 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 53-year-old female who was injured on March 8, 2012 when a pallet was knocked over by a forklift and landed on her. The patient continued to experience low back and bilateral lower leg pain. Physical examination did not reveal any motor or sensory deficits. MRI of the lumbar spine done on September 10, 2013 showed disc disease at L5-S1 and L4-5. Diagnosis included degenerative disc disease lumbar spine. Treatment included medications and home exercise. The patient was prescribed Flector patches and baclofen as a trial on February 8, 2013. Request for authorization for Flector patches was submitted on September 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON NSAIDS, AND TOPICAL ANALGESICS Page(s): 111-112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, FLECTOR PATCH.

Decision rationale: Flector, the topical NSAID diclofenac, is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09

the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Post marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. In this case the patient had been started on Flector patches and baclofen on February 12, 2013. Treatment extended beyond the 2-week period of effectiveness. There is no documentation that the patient had improvement with her symptoms with the medication. Further treatment is not recommended.