MAXIMUS Federal Services

Case Number:	CM13-0052358		
Date Assigned:	12/27/2013	Date of Injury:	04/27/2011
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitative Medicine, and is licensed to practice in Texas. 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 49-year-old who reported an injury on April 27, 2011. The mechanism of injury was not provided in the medical records. The patient is diagnosed with lumbar facet joint arthropathy, thoracic facet joint arthropathy, cervical facet joint arthropathy, cervical sprain/strain, whiplash, thoracic disc protrusion, thoracic sprain/strain, lumbar disc protrusion, and lumbar sprain/strain. The patient's symptoms were noted to include low back pain, neck pain, right shoulder pain, bilateral thoracic pain, and radiating pain into the right buttock. The patient's medications were noted to include hydrocodone 5/325 mg and ibuprofen 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR FLECTOR PATCHES #60 WITH 2 REFILLS: Upheld

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

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, FlectorÂ® Patch (diclofenac epolamine) Section.

Decision rationale: According to the Official Disability Guidelines, Flector patches are not recommended as a first line treatment, but may be recommended for osteoarthritis after failure of an oral NSAID or contraindication to oral NSAID, after considering the increased risk profile with diclofenac. The guidelines further state that the Flector patch is FDA approved for acute strains, sprains, and contusions. The clinical information submitted for review indicates that the patient has significant pain in his low back, mid back, and neck. However, the patient's medication list was noted to include ibuprofen 600 mg orally. Therefore, it is unclear why the patient is being prescribed the Flector patch as it is shown to have significantly higher adverse effects than oral NSAIDs. In the absence of further details regarding the patient's need for the Flector patches, the request is not supported. The request for one prescription of Felctor patches, sixty count with two refills, is not medically necessary or appropriate.