MAXIMUS Federal Services

Case Number:	CM13-0069250		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2013
Decision Date:	05/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/20/2013

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 & Rehabilitation, 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 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 has submitted a claim for back pain, lumbosacral neuritis and pelvic joint pain associated with an industrial injury date of February 3, 2013. The treatment to date has included oral and topical analgesics, epidural steroid injection, occupational therapy, and physical therapy. The medical records from 2013 were reviewed and showed complaints of chronic low back pain radiating to the right knee as well as right hip pain. Physical examination showed limitation of motion of the lumbar spine and swelling over the right hip. The medications include Flector patch, oral naproxen, oral ibuprofen and omeprazole, without reported adverse effects. The duration and frequency of use of the medications were not specified. The utilization review dated December 3, 2013 denied the request for Flector 1.3% adhesive patch #30 because chronic use is not recommended and no rationale was documented which would support the concurrent use of a topical non-steroidal anti-inflammatory drug (NSAID) along with oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURHCASE OF FLECTOR 1.3% ADHESIVE PATCH, #30: Upheld

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

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

Decision rationale: Flector patch 1.3% is a brand name for diclofenac epolamine. As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use (4-12 weeks) for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support use. In this case, the patient has chronic right hip and low back pain radiating to the right knee. Topical NSAIDs are not recommended for treatment of the spine, hip or neuropathic pain. The patient has been using Flector patch, however the indication, duration, frequency of use and body part being treated with the medication were not discussed. Chronic use is not recommended. Furthermore, there was no evidence concerning failure of oral NSAIDs. Therefore, the request for Flector Patch 1.3% #30 is not medically necessary.