

Case Number:	CM14-0003515		
Date Assigned:	02/12/2014	Date of Injury:	08/11/2000
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgery and is licensed to practice in California, Oklahoma, Texas, and Tennessee. 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 injured worker is a 53 year old male injured on 08/11/00 while lifting a patient resulting in low back pain. Current diagnoses included lumbar/lumbosacral disc degeneration, lumbar disc displacement, sciatica, and hearing impairment. Clinical note dated 12/06/13 indicated the injured worker presented with pain predominately on right side sacroiliac joint (hip). Physical examination revealed tenderness in the right paralumbar region, positive straight leg raise on the right, limited range of motion of the thoracolumbar spine, full range of motion of the hips bilaterally, and no groin or thigh pain was experienced on range of motion of the hips. The injured worker received right sacroiliac joint injection during the office visit. Additionally, prescriptions for Ultram 50mg one to two every 4-6 hours, Vicoprofen 200mg/7.5mg one every 4-6 hours, and Prilosec 20mg twice daily, were provided. The initial request for Flector Patch 1.3% #60 was non-certified on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Flector® Patch (Diclofenac Epolamine).

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines - Online version, Flector patch is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory medications (NSAID) or contraindications to oral non-steroidal anti-inflammatory medications (NSAIDs), after considering the increased risk profile with diclofenac, including topical formulations. Flector Patch is FDA indicated for acute strains, sprains, and contusions. There is no discussion in the documentation regarding the efficacy of the medication. Additionally, the patient complains of low back pain with onset of 08/11/2000. Furthermore, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. As such, the request for Flector Patch 1.3% #60 is not medically necessary.