

Case Number:	CM14-0008766		
Date Assigned:	02/12/2014	Date of Injury:	07/29/2008
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 54 year old female injured on 07/29/08 when she slipped and fell resulting in low back pain. The injured worker had an exacerbation of her low back pain when she attempted to pick up a large child from the floor. Current diagnoses include thoracic degenerative disc syndrome, lumbar degenerative disc disease, lumbosacral/joint/ligament sprain/strain, and lumbosacral/thoracic neuritis. Treatments to date include physical therapy, chiropractic treatment, injections, and medication management. The clinical documentation dated 02/04/14 indicates the injured worker presented with continued pain in the neck and low back with radiation to her right greater than left leg. The injured worker describes the pain as constant but improved with the use of medications. The injured worker reports without the use of Lidoderm patch or Flector patch the pain has increased to the neck. The injured worker reports an increase in back pain with prolonged sitting and standing and increased pain due to cold weather. The injured worker has been recommended surgical intervention and is awaiting Physician Qualified Medical Evaluation. Physical examination revealed tenderness to palpation in the cervical paraspinal musculature, reduced grip strength in the left upper extremity, tenderness to palpation in the lumbar paraspinal musculature, reduced sensation in the right lower extremity, and antalgic gait. The injured worker was advised to continue a home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS) use, and medication management. Current medications include Lidoderm patch 5%, Flector patches, Ibuprofen 800mg, Ambien 6.25mg, and Flexeril 10mg. The original request for Flector 1.3% topical patches #60 was originally not medically necessary and appropriate on 01/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3% FU TOPICAL PATCHES #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector® patch (diclofenac epolamine) Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory medications (NSAIDs), or contraindications to oral non-steroidal anti-inflammatory medications (NSAIDs), after considering the increased risk profile with diclofenac, including topical formulations. Flector Patch is Food and Drug Administration (FDA) indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the The request is not medically necessary and appropriate.