

Case Number:	CM14-0100767		
Date Assigned:	09/16/2014	Date of Injury:	04/20/2012
Decision Date:	10/16/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 & 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:

According to the records made available for review, this is a 55-year-old male with a 4/20/12 date of injury. At the time (6/11/14) of request for authorization for topical Flector Patch AAA, BID (2 times per day), QTY: 60, Refills 1, there is documentation of subjective (chronic low back pain) and objective (low back pain with extension) findings, current diagnoses (chronic low back pain), and treatment to date (medications (including Etodolac)). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Flector Patch AAA, BID (2 times per day), QTY: 60, Refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of a diagnosis of chronic low back pain. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), and failure of an oral NSAID or contraindications to oral NSAIDs. In addition, given documentation of the requested quantity 60 with 1 refill, there is no (clear) documentation of short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for topical Flector Patch AAA, BID (2 times per day), QTY: 60, Refills 1 is not medically necessary.