

Case Number:	CM14-0017334		
Date Assigned:	05/21/2014	Date of Injury:	04/02/2010
Decision Date:	07/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 50-year-old male who reported an injury on April 02, 2010. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated January 17, 2014, the injured worker complained of pain, which was constant and severe rated 8/10 in severity to the low back, radiating to the right testicle area. The injured worker underwent an injection for pain, which he stated lasted only 3 days. The injured worker was prescribed Norco, Zanaflex, and Ultram. Upon the physical examination, the provider noted the injured worker wore a back brace for support. The provider noted tenderness to the L4 level of the spine. The injured worker had diagnoses of lumbar spinal stenosis, and chronic lumbosacral strain. The provider requested Flector patch #30 for pain. However, the request for authorization was not submitted in the clinical documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES, #30, (PRESCRIBED 1/17/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain, Flector Patch (diclofenac epolamine).

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

Decision rationale: The request for Flector Patches, #30, (prescribed: 1/17/14) is not medically necessary. The injured worker complained of pain, which was constant and severe rated 8/10 in severity in the low back radiating to the right testicle area. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines note any compounded product that contains one drug or drug class that is not recommended is not recommended. The Flector patch is a form of diclofenac. The guidelines note topical NSAIDs are indicated for the relief of osteoarthritis, pain in joints that lend themselves to topical treatment, ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. There was a lack of documentation indicating the injured worker to have been diagnosed with osteoarthritis or tendinitis. The requested submitted failed to provide the frequency of the medication. Therefore, request for Flector Patches, #30, (prescribed: 1/17/14) is not medically necessary.