MAXIMUS Federal Services

Case Number:	CM14-0150460		
Date Assigned:	09/18/2014	Date of Injury:	08/23/2012
Decision Date:	10/20/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/16/2014

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 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 is a 45 year old male who was injured on 08/23/2012. The mechanism of injury is unknown. Prior treatment history has included TENS, Advil over the counter, Flector patches and 8 sessions of physical therapy which provided him with improvement in symptoms and was discharged to a home exercise program. Diagnostic studies reviewed include MRI of the lumbar spine dated 09/11/2012 demonstrated disk desiccations at L4-L5 and L5-S1. There was evidence of right laminectomy noted at L4-L5. There was small posterior disk noted at L5-S1 and no evidence of recurrent disk at L4-L5. Progress report dated 08/14/2014 states the patient presented with complaints of persistent low back pain rated as 2/10 to 4/10. He reported trying the Flector patches and stated it helped him tremendously. On exam, he demonstrated normal gait and stance. There were no significant objective findings documented. The patient was diagnosed with left-sided thoracic spin and left-sided low back pain. He was recommended to continue with Flector patches to be used twice daily as they have worked well in the past. Prior utilization review dated 08/29/2014 by Dr. Flores states the request for Flector Patches QTY: 360.00 is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches QTY: 360.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; http://www.odg-twc.com/index.html?odgtwc/pain.htm; Flector patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (Non-steroidal Anti-inflammatory drugs) Page(s): 111-113, 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, FlectorÂ® patch (diclofenac epolamine),

Decision rationale: Flector (diclofenac) is an NSAID. Topical NSAID is recommended when oral NSAID failed. Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical record does not document that trials of oral antidepressants, anticonvulsants or oral NSAID have failed. Therefore, the request is not medically necessary.