

Case Number:	CM14-0153101		
Date Assigned:	09/23/2014	Date of Injury:	07/09/2009
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/19/2014

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 Illinois. 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 52-year-old female with a reported date of injury of 07/09/2009. The mechanism of injury was not noted in the records. The diagnoses included complex regional pain syndrome and displacement of lumbar intervertebral disc without myelopathy. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 08/19/2014 included bilateral low back pain, greater in the right than the left; the pain was rated at 5/10, and with walking, the pain increases to 7/10. The physical examination noted that the injured worker had an antalgic gait favoring the right and a normal posture. The medications included Celebrex 100mg, Flector patch, Omeprazole 40mg, and Terocin patch. The treatment plan was to continue and refill the medication. A request was received for Flector 1.3% transdermal 12-hour patch. The rationale was to decrease pain and decrease inflammation. The Request for Authorization form was not provided within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12-hour patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector® patch (Diclofenac Epolamine)

Decision rationale: The request for Flector 1.3% transdermal 12-hour patch is not medically necessary. The Official Disability Guidelines state that Flector patches are not recommended as a first-line treatment. Flector patches are FDA-indicated for acute strains, sprains, and contusions. In addition, the guidelines also state that there is no data to substantiate Flector efficacy beyond 2 weeks. The injured worker has chronic low back pain. There was no evidence in the notes of an acute injury such a strain, sprain, and/or contusion. It was also noted the injured worker was taking Celebrex. There is no indication that oral NSAIDs (non-steroidal anti-inflammatory drugs) were contraindicated or not tolerated to support the addition of a topical NSAID. As such, the request is not supported by the evidence-based guidelines and is, therefore, not medically necessary.