

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0153404 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 03/03/2008 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/15/2014 |
| 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 Occupational Medicine 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 3/3/08 date of injury, status post L4-S1 fusion (undated), and status post L4-S1 fusion revision and L3-4 Charite disc replacement (undated). At the time (8/21/14) of request for authorization for Flector dis 1.3% day supply. 30 qty: refills: 2, there is documentation of subjective (chronic post surgical low back pain and right hip pain, back pain remains about the same, pain rated 4-5/10 and activity limitation 3-5/10) and objective (right hip positive FABER, tender post greater trochanter right hip, lumbar 1+ tenderness and spasm lateral to about the lower half of the scar and proximal sacrum, right lower pedicle screws palpable and exquisitely tender, right SI joint mildly tender to palpation with Gillet's and Stork test, and 1+ tender over sciatic notch with trigger points in the gluteus medius) findings, current diagnoses (chronic low back pain status post anterior fusion L4-5 L5-S1 and Charite artificial disc at L3-4, right hip pain, potential lumbar hardware pain, and right sacroiliac joint area pain), and treatment to date (medications (including ongoing treatment with Nucynta, Flexeril, Senokot, and Naproxen) and home exercise program). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment, short-term use (4-12 weeks), 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR DIS 1.3% DAY SUPPLY. 30 QTY: REFILLS: 2: Upheld

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

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 diagnoses of chronic low back pain status post anterior fusion L4-5 L5-S1 and Charite artificial disc at L3-4, right hip pain, potential lumbar hardware pain, and right sacroiliac joint area pain. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of a request for Flector with 2 refills, there is no (clear) documentation of short-term use (4-12 weeks). Furthermore, given documentation of ongoing treatment with Naproxen, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Lastly, given documentation of subjective (chronic post surgical low back) findings, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Diclofenac Epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Therefore, based on guidelines and a review of the evidence, the request for Flector dis 1.3% day supply 30 qty: refills: 2 is not medically necessary.