

Case Number:	CM14-0171507		
Date Assigned:	10/23/2014	Date of Injury:	05/01/2003
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Maryland. 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 57-year-old female with a 5/1/03 date of injury. At the time (6/13/14) of request for authorization for Flector patch 1.3%, there is documentation of subjective (still with neck pain that has not improved, right hip/low back pain, and not doing HEP) and objective (decreased neck ROM) findings, current diagnoses (cervical pain and lumbar pain), and treatment to date (medications (including ongoing treatment with ibuprofen, Flector patch, and gabapentin)). 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 patch 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 cervical pain and lumbar 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, there is no documentation of short-term use (4-12 weeks). Furthermore, given documentation of ongoing treatment with ibuprofen, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Lastly, given documentation of subjective (still with neck pain that has not improved) 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 patch 1.3% is not medically necessary.