

Case Number:	CM14-0026274		
Date Assigned:	06/13/2014	Date of Injury:	08/04/2008
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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:

This 45 year-old patient sustained an injury on 8/4/08 while employed by [REDACTED]. Request(s) under consideration include flector patch 1.3% #30, apply every 12 hrs. Diagnoses include lumbar intervertebral disc without myelopathy and lumbar spinal stenosis. MRI of the lumbar spine dated 3/25/10 revealed mild degenerative disc disease without evidence for herniation or canal or neural foraminal stenosis. Report of 12/16/13 from the provider noted patient with constant and severe low back pain radiating to right buttock rated at 8/10. Exam showed tenderness of lower back with slight atrophy in right leg. The patient was continued on Norco despite previous peer review of 7/2/13 recommending opioid taper along with Flector patch. The provider also noted agreement to switch the patient to an oral anti-inflammatory; however, was not done. Request(s) for flector patch 1.3% #30, apply every 12 hrs was non-certified on 2/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3% #30, APPLY EVERY 12 HRS: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality of topical NSAID has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical NSAIDs (Flector patch) are not supported beyond trial of 2 weeks for this 2008 injury. There is no documented functional benefit from treatment already rendered for a patient without contraindication to oral medication or demonstrated intolerance for oral NSAID or Acetaminophen. The flector patch 1.3% #30 is not medically necessary and appropriate.