

Case Number:	CM14-0054279		
Date Assigned:	07/07/2014	Date of Injury:	02/07/2005
Decision Date:	08/26/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Pain 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:

The patient is a 49 year old female who sustained an industrial injury on 2/07/2005. The diagnoses provided are cervical myoligamentous injury with 3 to 4 mm disc protrusion; bilateral upper extremity radiculopathy, lumbar spine sprain/strain syndrome, bilateral lower extremity radiculopathy and medication induced gastritis. The right upper extremity radiculopathy is greater than left and the left lower radiculopathy is greater than the right. The request on 3/24/14 for Flector 1.3% patch #30 over 30 days was documented not medically necessary. The medical records did not include documentation of a diagnosis of osteoarthritis, the effectiveness of the flector patch, or the objective functional improvements with its use. Per the progress report on 3/21/2014, the patient presented a followup of complaints which included; an increase in low back and neck pain, unsteady gait and loss of balance. At the time of the exam, the patient was walking with a walker, had lumbar and cervical spine spasms, restricted range of motion and a positive MRI. The treatment plan included an orthostim 4 unit, physical therapy, and prescription for a morphine pump or spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #90 over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal antiinflammatory agents) Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector® patch (diclofenac epolamine), Diclofenac, topical (Flector®, Pennsaid®, Voltaren® Gel).

Decision rationale: According to the guidelines, Flector (diclofenac) is not recommended as a first-line treatment. Topical diclofenac may be recommended for osteoarthritis after failure of an oral NSAID or with contraindications to oral NSAIDs, after considering the increased risk with diclofenac. There was no documentation of the failure of diclofenac with standard oral NSAIDs or with other oral analgesics. The guidelines indicate that topical diclofenac has not been evaluated for treatment of the spine. Objective functional improvement with the Flector patch has not been documented. In addition, the medical records do not establish the patient has a diagnosis of osteoarthritis. Therefore, the request for Flector patch #30 is not medically necessary.