

Case Number:	CM14-0063474		
Date Assigned:	07/11/2014	Date of Injury:	08/25/2000
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 50-year-old female with a 8/25/00 date of injury, and lumbar microdiscectomy in 2001. At the time (4/2/14) of request for authorization for Flector Patch 1.3% #30, there is documentation of subjective (mid back, lower back, joint, and bilateral leg pain) and objective (blood pressure of 117/91, pulse rate of 90 and BMI of 28.83) findings, current diagnoses (post lumbar laminectomy syndrome, low back pain, disc disorder lumbar, and sciatica), and treatment to date (medications, trigger point injections, home exercise program, and including ongoing treatment with Flector patch since at least 8/2/13). Medical report identifies that Flector patch provides functional benefit. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment; intention to treat over a short course (4-12 weeks); and failure of an oral NSAID or contraindications to oral NSAID.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines See NSAIDS entry under Topical Analgesics.

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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. 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 lumbar laminectomy syndrome, low back pain, disc disorder lumbar, and sciatica. In addition, there is documentation of ongoing treatment with Flector patch. Furthermore, given documentation that Flector patch continues to give functional benefit, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Flector patch use to date. 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 ongoing treatment with Flector patch since 8/2/13, there is no documentation of the intention to treat over a short course (4-12 weeks). In addition there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Flector Patch 1.3% Quantity 30 Days is not medically necessary.