

Case Number:	CM14-0076176		
Date Assigned:	07/16/2014	Date of Injury:	07/28/2011
Decision Date:	09/18/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 59-year-old gentleman was reportedly injured on July 28, 2011. The mechanism of injury is noted as a slip and fall. The most recent progress note dated May 7, 2014, indicates that there are ongoing complaints of low back pain without any radiation. The physical examination demonstrated a slow wide-based gait. There was tenderness over the lumbar spine paraspinal muscles and facet joints. No trigger points or muscle spasms were noted. There was decreased range of motion of the lumbar spine, a negative straight leg raise test, and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medication management. A request was made for Flector patches and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12 hour patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Flector patches are a brand name for topical diclofenac. The California Medical Treatment Utilization Schedule guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amenable to topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis of low back pain and lumbar spine degenerative disc disease. Therefore, Flector 1.3% transdermal patches are not medically necessary.