

Case Number:	CM14-0081972		
Date Assigned:	07/18/2014	Date of Injury:	09/29/1998
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 80-year-old male with a 9/29/98 date of injury, and status post multilevel fusion T12-S1 and status post spinal cord stimulator implant 08. At the time (5/15/14) of request for authorization for Flector patches 1.3%, #30; 1 refill, there is documentation of subjective (constant pain, pain rated 7-8/10) and objective (no acute distress, alert and oriented, no signs of sedation or withdrawal, and appropriate otherwise; walks with a mobility walker) findings, current diagnoses (chronic low back pain and right greater than left leg pain, SI joint pain, status post (s/p) multilevel fusion T12-S1, status post (s/p) spinal cord stimulator (SCS) implant 08, neuropathic pain, rule out r/o hardware pain, analgesic dependency with efficacy but tolerance, constipation secondary to opioid therapy, coronary artery disease (CAD) and hypertension, and history of Gastrointestinal (GI) bleed/ulcers), and treatment to date (medications (including Flector patch since at least 10/13)). There is no documentation of failure of oral Non-steroidal Anti-Inflammatory Drugs (NSAIDs) or contraindications to oral NSAIDs, a condition/diagnosis (with supportive subjective/objective findings for which diclofenac epolamine (1.3%) is indicated, an intention for short-term use (4-12 weeks), and 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 as a result of Flector patch use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%, #30; 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: The 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. The 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. The 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 chronic low back pain and right greater than left leg pain, SI joint pain, s/p multilevel fusion T12-S1, s/p SCS implant 08, neuropathic pain, r/o hardware pain, analgesic dependency with efficacy but tolerance, constipation secondary to opioid therapy, CAD/hypertension, and history of GI bleed/ulcers. However, there is no 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. In addition, given documentation of records reflecting prescriptions for Flector patch since at least 10/13, there is no documentation of an intention for short-term use (4-12 weeks) and 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 as a result of Flector patch use to date. Therefore, based on guidelines and a review of the evidence, the request for Flector patches 1.3%, #30 is not medically necessary.