

Case Number:	CM14-0087157		
Date Assigned:	07/23/2014	Date of Injury:	07/04/2012
Decision Date:	12/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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 is a female patient with a date of injury of July 4, 2012. A utilization review determination dated May 16, 2014 recommends non-certification of Flector patch 1.3% b.i.d. #60. A progress note dated April 30, 2014 identifies subjective complaints of low back pain and right buttock pain essentially unchanged. Increased pain with prolonged standing and sitting. Pain managed by Flector patch while at work. The patient describes her pain symptoms as being mild to moderate, occurring frequently, being sharp, being achy, and being sore. The patient's pain level with medications is a 4/10 and her pain level without medications is a 7/10. The physical examination of the lumbar spine reveals positive Kemp's sign on the right side and tenderness of the lumbar paravertebral muscles right greater than left. The diagnoses include lumbar sprain/strain, lumbar stenosis, and lumbar facet osteoarthritis. The treatment plan notes that lumbar facet blocks are pending IMR reversal of UR denial, and recommends Flector patch 1.3% BID #60 for lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector[®] patch (diclofenac epolamine)

Decision rationale: Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic lumbar pain. There is no documentation of acute strains, sprains, and contusions. Furthermore, there is no indication of first-line treatment failure. In the absence of such documentation, the currently requested Flector Patch 1.3% BID #60 is not medically necessary.