MAXIMUS Federal Services

Case Number:	CM14-0099579		
Date Assigned:	07/28/2014	Date of Injury:	06/30/2009
Decision Date:	09/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/28/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 60 year old female with complaints of bilateral shoulder pain, left knee pain. The date of injury is 6/30/09 and the mechanism of injury is not documented in the medical records provided. At the time of request for Flector 1.3% patch #60 with 5 refills, there is subjective (shoulder pain, knee pain, neck pain) and objective (morbidly obese, intact neurologic exam, shoulder flexion limited range of motion, gait slow and using a cane) findings, imaging findings (no report included but MRI cervical spine was mentioned in the records stating multi-level degenerative disc disease with disc bulging at C3/4 and C6/7), diagnoses (osteoarthritis of knee, degeneration of cervical intervertebral disc, shoulder arthralgia), and treatment to date (medications, cervical epidural steroid injection, PT/home exercise). In regards to the request for Flector patches, topical analgesics including Flector patch are not recommended as first line treatment. They may be recommended for osteoarthritis after demonstrating failure of treatment of oral nsaids, appropriate duration of treatment trial has been completed and results including adverse effects recorded/documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% #30 60 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Flector patch(diclofenac epolamine).

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG, topical analgesics including Flector patch are not recommended as first line treatment. They may be recommended for osteoarthritis after demonstrating failure of treatment of oral NSAIDs, appropriate duration of treatment trial has been completed and results including adverse effects recorded/documented. Also, in review of the medical records provided, although analgesic efficacy was documented for other class analgesics there was no such documentation for Flector patch. Therefore, the request for Flector patch is not medically necessary.