

Case Number:	CM14-0193544		
Date Assigned:	12/01/2014	Date of Injury:	04/03/2004
Decision Date:	01/20/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/18/2014

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:

This is a 50-year-old male with a 4/3/04 date of injury. He had an L4-S1 fusion in 20120 and chronic pain management since his industrial injury. The patient was seen on 7/28/14 with complaints of low back pain, 2/10 with medications. Exam findings revealed limited range of motion of the L spine, no motor deficits in the lower extremities from L4 to S1. The patient was taking oxycodone, which apparently provided 50-60% pain relief. The patient was also noted to be taking Voltaren, a topical Lidoderm patch, and Flector patch, which he has been taking since at least 2012. The treatment plan was to continue the patient's current medications. It was noted the patient was working and these medications helped perform ADL's. The diagnosis is post laminectomy syndrome, lumbago, and muscle spasms. Treatment to date: medications, LESI (failed) L4-S1 fusion March 2010. The UR review dated 10/24/14 denied the request given Flector patches are indicated for acute treatment of osteoarthritis or acute sprains and contusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Pain Chapter Flector patch Other Medical Treatment Guideline or Medical Evidence: FDA
(Flector Patch

Decision rationale: MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. This patient has been on a Flector patch since at least 2012 and there is no indication of osteoarthritis or acute sprains or strains at this point. The rationale for keeping this patient on this patch over the course of years was not given in the documentation provided, nor is it an indicated use of this medication. Therefore, the request for Flector patch 1.3% is not medically necessary.