

Case Number:	CM14-0206507		
Date Assigned:	12/16/2014	Date of Injury:	07/28/2011
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 52 year old male with a work injury dated 7/28/11. The diagnoses include lumbar strain with herniated disc, cervical strain with herniated disc, status post prior fusion L5-S1, headaches, and depression. Under consideration are requests for Flector Patch #30. There is a primary treating physician progress note dated 11/12/14 that states that the patient finally received his medications. He is dealing with a flare up of neck pain, back pain and headaches. The patient requested local patches today. On exam there is tenderness and spasm of the left trapezius. The range of the cervical spine is 50 degrees flexion and extension 50 degrees. The patient is wearing a back brace. The range of motion of the lumbar spine is 45 degrees flexion and 15 degrees extension. The straight leg raise is positive. The scar from prior fusion is healed. The patient is temporarily totally disabled. The treatment plan states that the physician has ordered Flector Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch #30: Upheld

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

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

Decision rationale: Flector Patch #30 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDs) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDs in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The documentation indicates that the patient has cervical and lumbar spine pain for which topical NSAIDs are not indicated. Additionally, the documentation does not indicate that the patient is intolerant to oral medications. The request for Flector patch is not medically necessary.