

Case Number:	CM14-0049286		
Date Assigned:	06/25/2014	Date of Injury:	08/25/1991
Decision Date:	11/10/2015	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 72 year old male with an industrial injury dated 08-25-1991. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain, disk protrusion to the right of C3-4, and to the left of C5-6 with spondylosis at multiple levels, mild median neuropathy of left wrist and numbness and tingling through ulnar nerve distribution bilaterally. Treatment has included Magnetic Resonance Imaging (MRI) of cervical spine in 2007, X-rays of cervical spine in May 2011, nerve conduction study in 2007, urine drug screen on 02-12-2013, prescribed medications, and periodic follow up visits. According to the progress note dated 02-06-2014, the injured worker reported neck pain, bilateral forearm pain or arm pain. The injured worker reported that he continues to do well with the Flector patch and Voltaren gel. The injured worker uses Flector patch on his back and Voltaren gel on his extremities. The injured worker is currently not working. The injured worker reported that without the Voltaren gel and Flector patch, his pain is about a 6 out of 10 and it decreases to a 2 out of 10. Objective findings (12-12-2013 to 2-06-2014) revealed no significant change. The treatment plan included Voltaren gel, Flector patch, and follow up visit. The original utilization review determination (03-01-2014) denied the request for unknown prescription of Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Flector patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Flector® patch (diclofenac epolamine) and <https://www1.pfizerpro.com/hcp/flectorpatch>.

Decision rationale: Unknown prescription of Flector patch is not medically necessary per the MTUS guidelines; the ODG; and an online review of this medication. Per an online review of this medication and the ODG Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. 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 request for Flector patch is not medically necessary or appropriate. This patient uses the Flector patch for his back for which it is not indicated. The patient has not had objective functional improvement from using this patch. There is no quantity for this patch requested. Furthermore, the guidelines state that Diclofenac is indicated for acute pain and this patient suffers from chronic pain. For all of these reasons this request is not medically necessary.