

Case Number:	CM14-0067868		
Date Assigned:	07/14/2014	Date of Injury:	10/27/2009
Decision Date:	04/03/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/13/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on 10/27/2009. The current diagnoses are lumbago, lumbar facet syndrome, and chronic pain. Currently, the injured worker complains of low back pain with occasional lower extremity weakness. The pain is described as achy, sharp, and constant. The pain is rated 6/10 on a subjective pain scale. Current medications are Norco, Gabapentin, Flector patch, Voltaren gel, and Nortriptyline. The physical examination of the lumbar spine reveals increased pain with extension. Treatment to date has included medications, rest, heat application, and TENS unit. The treating physician is requesting Voltaren gel 1% topical, 300mg with 1 refill and Flector patch ER 3% # 60 with 1 refill, which is now under review. On 5/12/2014, Utilization Review had non-certified a request for Voltaren gel 1% topical, 300mg with 1 refill and Flector patch ER 3% # 60 with 1 refill. The California MTUS Chronic Pain and Official Disability Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% topical, 300 mg. refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Topical NSAID'S (non-steroidal anti-inflammatory drugs).

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

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains and NSAID. MTUS guidelines specifically state regarding topical "Non-steroidal anti inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." Likewise, the requested medication is not medically necessary.

Flector Patch ER 3%, # 60 patches, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: MTUS guidelines specifically state regarding topical "Non-steroidal anti inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." Regarding this patient's case, the Flector patch is not being requested for an acute injury, but for a chronic pain problem. Likewise, the requested medication is not medically necessary.