

Case Number:	CM15-0106417		
Date Assigned:	06/10/2015	Date of Injury:	10/27/1997
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 73-year-old male who sustained a work related injury October 27, 1997. Past history included s/p left knee arthroscopy, s/p lumbar spine surgery and s/p cervical spine surgery. Present diagnoses include chronic pain on an industrial basis, cervicgia, cervical facet arthropathy, low back pain, lumbar facet arthropathy, lumbar post-surgery syndrome and lumbosacral radiculopathy. According to a primary treating physician's progress report, dated May 7, 2015, the injured worker presented complaining of cervical pain and headaches. He also reported low back pain radiating into the left lower extremity, associated with a feeling of fullness behind his left knee. On exam, there was patellar pain when rising from a kneeling position and weakness in the quadriceps. He had left lateral foot pain over the top of his mid-foot, which increased with flexion. He currently uses Flector patches, which he finds 40-50% beneficial, glucosamine/chondroitin, and a back brace. Assessment is documented as cervicgia; cervical facet arthropathy; lumbar facet arthropathy; lumbar sacral radiculopathy. Medications used in the past-included Vioxx, Celebrex, Norco, Ibuprofen and Baclofen. Treatment plan included authorized x-ray of the left foot, referral and consultation for the left knee, medication, and at issue, a request for authorization for Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1% #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (Anti-inflammatory medications); Topical Analgesics Page(s): 22, 67-74, 111-3. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May; 41(2):64-74.

Decision rationale: Diclofenac Topical Patch (Flector Patch) is a non-steroidal anti-inflammatory (NSAID) medication indicated for topical treatment of acute pain due to minor strains, sprains & bruises and is formulated for use as a topical analgesic. Topical analgesic medications have been shown to give local analgesia. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Studies on small joints and knees have shown topical NSAIDs effective in short-term use trials for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. This patient has been diagnosed with cervical and lumbar facet arthropathy, which is a form of degenerative osteoarthritis affecting the joints of the cervical and lumbar vertebrae. The patient has been using this preparation, which has provided him a 50% reduction in his pain level and improved function. There are no contraindications for use of this preparation and the patient is not taking an oral NSAID. Considering all the above information, medical necessity for continued use of Flector Patches has been established. Therefore, this request is medically necessary.