

Case Number:	CM15-0145207		
Date Assigned:	08/06/2015	Date of Injury:	07/28/1996
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Physical Medicine & Rehabilitation

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 69 year old male with an industrial injury dated 07-28-1996. The injured worker's diagnoses include lumbar degenerative disc disease, leg radiculitis, and patellofemoral chondromalacia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-09-2015, the injured worker reported pain in the lower back, bilateral legs and hip greater trochanteric region. The injured worker also reported intermittent right leg pain. Objective findings revealed stiffness in the lower back, muscle spasm, positive straight leg raises, slightly decreased sensation in the bilateral L5 dermatome, and reduced left hip range of motion. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the lumbar spine revealed L4-5 central canal stenosis. The treatment plan consisted of diagnostic studies and medication management. The treating physician prescribed Flector 1.3% patch for the lower back, Qty 15, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch, Qty 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 22.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic 1996 injury. There is no documented functional benefit from treatment already rendered for this chronic injury. The Flector 1.3% patch, Qty 15 is not medically necessary and appropriate.