

Case Number:	CM15-0164700		
Date Assigned:	09/02/2015	Date of Injury:	04/13/1999
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 65-year-old female, who sustained an industrial injury on 4-13-99. She reported pain in her lower back. The injured worker was diagnosed as having post lumbar laminectomy syndrome and injury of cauda equina. Treatment to date has included Lidoderm patch, Dilaudid, Neurontin and Flector patch since at least 5-12-15. As of the PR2 dated 7-16-15, the injured worker reports lower back pain and chronic radicular pain. She indicated she is tolerating the Dilaudid and is able to maintain her activities of daily living. Objective findings include a negative straight leg raise test. The treating physician requested Flector 1.3% patch #60 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Patches every 12 hours, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac, topical; Flector Patch (diclofenac epolamine); Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)- Flector patch (diclofenac epolamine).

Decision rationale: Flector 1.3% Patches every 12 hours, #60 with 2 refills is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac, which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The ODG states that Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. The documentation indicates that the patient has chronic pain, specifically in the low back pain. This medication is not indicated for chronic pain and there are not extenuating factors necessitating its use. Additionally, Diclofenac is not indicated for the spine. For all of these reasons the request for Flector Patch is not medically necessary. ODG- Pain (chronic) Flector patch (diclofenac epolamine). Topical analgesics 111-113.