

Case Number:	CM15-0164757		
Date Assigned:	09/02/2015	Date of Injury:	11/01/2001
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
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: Hawaii, California, Iowa

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:

This injured worker is a 77 year old female who reported an industrial injury on 11-1-2001. According to the medical records, the patient is undergoing treatment for musculoligamentous lumbar spine sprain and lumbosacral disc bulges. Subjective complaints (6/15/2015) "low back - there is pain and stiffness that is off and on. There is increased tiredness with prolong walking that is across the low back". On 7/20/15 complaints include "low back there is the same pain across the low back and it is radiating down into the buttocks". On 6/15/15, physical exam findings include "the patient lacks 12" from touching toes." No other objective findings were reported for this note. Objective findings (7/20/2015) include tenderness over L5 centrally. No other objective findings were reported for this note. Her treatments were noted to include transcutaneous electrical nerve stimulation unit therapy, and medication management. The medical records indicate that Flector patches have been prescribed since at least 11/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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).

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The progress notes do indicate some radiation of pain to low back, but is not described in sufficient detail to be classified as neuropathic pain. The medical documents do not indicate failure of antidepressants or anticonvulsants. ODG cites regarding Flector patch, "Not recommended as a first-line treatment where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs there is no data that substantiate Flector efficacy beyond two weeks." The records do not indicate that the Flector patch would be used for the treatment of osteoarthritis. There is also no documentation of first line failure of oral NSAIDs. Additionally, the patient has been prescribed Flector patch since at least 11/2014, which exceeds guidelines recommendations. The treating physician does not provide extenuating circumstances to justify deviation from the guidelines. As such, the request for Flector Patches #60 with 4 refills is not medically necessary.