

Case Number:	CM15-0168759		
Date Assigned:	09/09/2015	Date of Injury:	08/11/2011
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 57 year old male, who sustained an industrial injury on August 11, 2011. He reported a lower back injury. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbar radiculitis, plantar fasciitis, hypertension, and hyperlipidemia. Medical records (January 23, 2015 to July 2, 2015) indicate: chronic low back pain with associated numbness and tingling in the feet. His pain was rated: current = 6-7 out of 10, at best = 3 out of 10, at worst = 9 out of 10, and average = 5-7 out of 10. Records also indicate the injured worker avoids physically exercising and doing yard work or shopping due to his pain since at least January 23, 2015. Per the treating physician (January 23, 2015 report), the injured worker is retired. The physical exam (January 23, 2015 to July 2, 2015) reveals improved and unchanged since at least May 7, 2015 lumbar range of motion. Treatment has included approximately 10 sessions of transcutaneous electrical nerve stimulation (TENS) therapy, physical therapy, exercises, medial branch blocks without significant relief of pain, and medications including topical pain (Flector since at least January 23, 2015), anti-epilepsy, and oral pain. On July 24, 2015, the requested treatments included Flector patch. On August 5, 2015, the original utilization review non-certified a request for Flector patch for the lumbar spine. There is a typed note from the patient dated 8/24/15 stating that he has been on Flector Patch since 2011 as needed and it has helped with muscle spasms/inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch, #30 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain - Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <https://www1.pfizerpro.com/hcp/flectorpatch>.

Decision rationale: Flector patch, #30 for the lumbar spine is not medically necessary per the MTUS guidelines and an online review of Flector Patch. An online review of this medication reveals that Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The MTUS states that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical diclofenac is not indicated for spine. Furthermore, the topical NSAIDs are not to be used long term and Flector patch is indicated for acute pain, not for chronic use as is being utilized in this case. The request for Flector patch is not medically necessary.