

Case Number:	CM15-0183034		
Date Assigned:	09/23/2015	Date of Injury:	09/19/2005
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 9-19-05. The injured worker was diagnosed as having cervical disc injury, lumbar disc injury, right S1 radiculopathy, and lumbar facet arthralgia. Treatment to date has included Synvisc injections to the right knee, epidural spinal injections, use of a lumbar support, a home exercise program, and medication including Skelaxin and Tramadol. The injured worker had been using Flector patches since at least March 2015. Physical examination findings on 7-27-15 included right lower extremity effusion with crepitus in flexion and extension. Currently, the injured worker complains of pain in the right knee, left shoulder, and neck. The treating physician requested authorization for Flector 1.3% patches #60 with 1 refill. On 9-9-15, the request was non-certified; the utilization review physician noted "there is no documentation of trial or failure of an oral NSAID and no documentation or contraindications to oral NSAIDS."

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60 plus 1 refill: 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 rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. In this case, the request is for Flector patches, which contain the NSAID Diclofenac. It is recommended for treatment of minor sprains, strains and bruising. Topical Diclofenac is also used for osteoarthritis after failure of a first-line NSAID or in a patient with a contraindication to an oral NSAID. In this case, there is no documentation of failure of a first-line NSAID or contraindication to an oral NSAID. Therefore, the request is not medically necessary or appropriate.