MAXIMUS Federal Services

Case Number:	CM15-0183232		
Date Assigned:	09/24/2015	Date of Injury:	06/01/2004
Decision Date:	10/30/2015	UR Denial Date:	09/14/2015
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
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 50 year old male sustained an industrial injury on 6-1-14. Documentation indicated that the injured worker was receiving treatment for lumbar spondylosis. Previous treatment included facet joint injections and medications. In a request for authorization dated 7-10-15, the injured worker complained of continuing ongoing low back pain, rated 6 out of 10 on the visual analog scale. The physician noted that the injured worker got significant response from facet injections on 1-9-15, with six months of reduced pain that allowed him to continue working. The treatment plan included requesting facet joint injections at L3-4, L4-5 and L5-S1 and restarting Gabapentin. In a PR-2 dated 9-4-15, the injured worker complained of ongoing low back pain. The injured worker reported that Gabapentin made him sleepy. The injured worker stated that Ibuprofen hurt his stomach. The request for facet injections had been denied. Objective findings were difficult to decipher. The treatment plan included appealing facet joint injection denial, continuing Gabapentin and Vicodin, holding Ibuprofen and a trial of Flector patches. On 9-14-15, Utilization Review noncertified a request for Flector 1.3% patch #60.

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 60: 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, NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain. Although there is evidence in the available documentation that the injured worker is intolerant to oral NSAIDs, there is no indication that the injured worker suffers from osteoarthritis or knee pain that would benefit from the use of Flector patches. The request for Flector 1.3% patch, Qty 60 is determined to not be medically necessary.