

Case Number:	CM15-0194251		
Date Assigned:	10/08/2015	Date of Injury:	06/26/2012
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: Internal Medicine, Rheumatology

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 43-year-old female, who sustained an industrial injury on 6-26-2012. The injured worker is undergoing treatment for cervical disc herniation with neurological deficits, cervical strain-sprain and lumbar strain with degenerative disc disease (DDD). Medical records dated 8-31-2015 indicate the injured worker complains of increased back pain rated 3 out of 10 with medication and 8 out of 10 without medication. She reports neck and trapezius stiffness and that Flector patches have helped her symptoms. The treating physician on 8-31-2015 indicates, "she was weaned off all narcotics. She notes that the topical analgesics keep her pain manageable." Physical exam dated 8-31-2015 notes cervical and lumbar tenderness to palpation and decreased lumbar range of motion (ROM). Treatment to date has included anterior cervical discectomy and fusion (ACDF), magnetic resonance imaging (MRI), X-rays, urine drug screen, Toradol injections and medication. The original utilization review dated 9-8-2015 indicates the request for Flector patch 1.3mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector Patch (Diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This 43 year old female has complained of neck pain and low back pain since date of injury 6/26/2012. She has been treated with surgery, physical therapy and medications. The current request is for Flector patch 1.3 mg. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. Based on the MTUS guidelines cited above, the Flector patch is not indicated as medically necessary.