

Case Number:	CM15-0194761		
Date Assigned:	10/08/2015	Date of Injury:	04/02/2001
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female, who sustained an industrial injury on 4-2-01. The injured worker is being treated for segmental dysfunction of lumbar spine, segmental dysfunction of thoracic spine, restricted range of motion, sacral segmental dysfunction, degeneration of lumbar intervertebral disc, shoulder pain and low back pain. Treatment to date has included chiropractic therapy, home exercise program, oral medications including Norco, Gabapentin and Flexeril, topical Flector patch and activity modifications. On 8-10-15, the injured worker complains of continued low back pain with radiation down her left leg to knee and on 8-26-15 she complained of low back pain and shoulder pain. She notes increased pain with exercising or sitting. Physical exam performed on 8-10-15 revealed positive straight leg raise on left, moderate spasticity on palpation of bilateral thoracic paraspinals and lumbar paraspinals and decreased lumbar range of motion. It is also noted subluxations were present in thoracic, lumbar and pelvic spine. The treatment plan included Flector patch #180. On 9-24-15 request for Flector patch #180 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.8% patches, #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Chapter: Pain (Chronic) Flector patch (diclofenac epolamine).

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. Most of these agents have little to no scientific research to support their use. In this case, the request is for Flector (Diclofenac) patches to treat chronic low back and shoulder pain. Topical NSAIDs are not recommended for the treatment of osteoarthritis of the spine, hips and shoulders. There is little evidence to recommend a topical agent over an oral NSAID without a contraindication to oral NSAIDs. In this case, there is no evidence of a contraindication to oral NSAIDs. Flector patches are specifically recommended for treatment of minor strains, sprains and contusions, which this patient does not have. Therefore, based on the above, the request is not medically necessary or appropriate.