MAXIMUS Federal Services

Case Number:	CM15-0196139		
Date Assigned:	10/12/2015	Date of Injury:	01/10/2009
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 1-10-2009. A review of medical records indicates the injured worker is being treated for lumbar post laminectomy syndrome and lumbar radiculopathy. Medical records dated 8-6-2015, noted chronic low back pain. She was having difficulty with ambulation and activities of daily living and progressive functional decline. She has received injections with greater than 60% improvement x 2-3 months. Physical examination noted antalgic gait favoring right and ambulates with a cane. Treatment has included a lumbar fusion, physical therapy, water therapy, psychiatric care, TENS unit, acupuncture, injections, and medications (Flector patches since at least 7-1-2015). MRI dated 3-5-2012 revealed posterior fusion and moderate disc desiccation with disc space narrowing and mild spurring at what was labeled as L3-4 and L4-5 with milder degenerative changes at L5-S1 and L2-3. Utilization Review form dated 8-28-2015, non-certified Flector 1.3% transdermal patch # 60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal patch #60 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Per the cited CA MTUS, topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis (OA), but then with diminishing effect over another 2-week period. Topical NSAIDs are indicated specifically for osteoarthritis and tendinitis of the knee and elbow, or other joints that are amenable to topical treatment for short-term use (4-12 weeks). They are not recommended for neuropathic pain as there is no evidence to support use. According to the ODG, topical diclofenac is not recommended as a first-line treatment, but it is recommended for osteoarthritis after failure/contraindication of an oral NSAID upon considering the increased risk profile with diclofenac. Flector patch is FDA indicated for acute strains, sprains, and contusions; however, there is no data that substantiate Flector efficacy beyond two weeks. The most recent treating provider notes (9-17-2015) state that the injured worker has had greater than 50% improvement in symptoms and activities of daily living with Flector patches, but OA is not included in her assessment, nor are the specific regions amenable to topical treatment. In addition, the injured worker has been receiving Flector patch prescriptions for greater than 3 months, exceeding the guidelines. Therefore, the request for Flector 1.3% transdermal patch #60 x 5 refills is not medically necessary and appropriate.