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| Case Number: | CM15-0198047 | | |
| Date Assigned: | 10/13/2015 | Date of Injury: | 03/26/2011 |
| Decision Date: | 11/20/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/08/2015 |

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: Physical Medicine & Rehabilitation

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 52 year old female who sustained an industrial injury on 3-26-11. The injured worker reported pain in the lumbar and cervical spine. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine and cervical spine disc bulge. Medical records dated 9-18-15 indicate "soreness in whole back along with burning in upper back and tingling down bilateral lower extremity." Provider documentation dated 9-18-15 noted the work status as return to modified work 9-18-15. Treatment has included Vicodin since at least July of 2015, Arnica Gel since at least July of 2015, Flector patches since at least July of 2015, stretching, ice and home exercise program. Objective findings dated 9-18-15 were notable for lumbar spine with "diffuse tenderness" and "loss of lordosis" and cervical spine with pain at C6-C7. The original utilization review (9-18-15) denied a request for Flector patch 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60: 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.

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

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic 2011 injury. There is no documented functional benefit from treatment already rendered for this chronic injury. The Flector patch 1.3% #60 is not medically necessary and appropriate.