

Case Number:	CM15-0199440		
Date Assigned:	10/14/2015	Date of Injury:	09/11/1996
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 67 year old female, who sustained an industrial-work injury on 9-11-96. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar spondylosis, left knee pain, opioid dependence and chronic pain syndrome. Medical records dated (7-27-15 to 9-22-15) indicate that the injured worker complains of chronic back pain. The physician indicates that she has neuropathic pain and osteoarthritic pain. The pain is rated 3-4 out of 10 on the pain scale with medication and up to 8 out of 10 without medications and has been unchanged. The physical exam dated 9-22-15 reveals that she is able to lift her bilateral upper and lower extremities against gravity without any problems. Treatment to date has included pain medication, Cymbalta, Lorazepam, Neurontin, Suboxone, Flector patch since at least 2014, home exercise program (HEP), and other modalities. The treating physician indicates that the urine drug test result dated 7-30-15 was inconsistent with the medication prescribed. The request for authorization date was 9-24-15 and requested service included Retrospective review of 1 prescription of Flector patches 1.3% #30. The original Utilization review dated 10-2-15 non-certified the request for Retrospective review of 1 prescription of Flector patches 1.3% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of 1 prescription of Flector patches 1.3% #30: 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), Pain (Chronic), Flector patch (diclofenac epolamine).

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

Decision rationale: Per the MTUS guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The MTUS guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In addition, per ODG, Flector patch (diclofenac epolamine) is not recommended as a first-line treatment. ODG notes that topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. (FDA, 2009) Per ODG, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. The medical records do not establish the failure of first line NSAIDs. In addition, the long-term use of this medication is not supported. Furthermore, utilization of Flector patches is not supported for the lumbar spine. The request for Retrospective review of 1 prescription of Flector patches 1.3% #30 is not medically necessary and appropriate.