

Case Number:	CM15-0202214		
Date Assigned:	10/19/2015	Date of Injury:	02/04/2009
Decision Date:	12/01/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old female sustained an industrial injury on 3-7-13. Documentation indicated that the injured worker was receiving treatment for chronic pain, lumbar radiculopathy, bilateral knee pain with osteoarthritis and insomnia. Previous treatment included physical therapy, acupuncture, pool therapy, home exercise and medications. In a pain medicine reevaluation dated 8-17-15, the injured worker complained of pain rated 10 out of 10 on the visual analog scale without medications and 7 to 8 out of 10 with medications. The treatment plan did not mention a Flector patch trial. In a pain medicine reevaluation dated 9-15-15, the injured worker complained of low back pain with radiation down bilateral lower extremities associated with numbness, bilateral wrist pain and bilateral knee and ankle pain. The injured worker rated her pain 9 to 10 out of 10 on the visual analog scale without medications and 9 out of 10 with medications. The injured worker also complained of moderate constipation and insomnia. Physical exam was remarkable for lumbar spine with tenderness to palpation in the spinal vertebra at L4-S1 with spasms, "moderately to severely" limited range of motion, "significantly" increased pain with flexion and extension, decreased sensation at the L4-5 distribution and positive right straight leg raise. The injured worker was awaiting authorization for ongoing acupuncture and pool therapy. The physician noted that the injured worker was unable to tolerate oral non-steroidal anti-inflammatory medications. The injured worker stated that the injured worker had had a trial of Flector patch and reported a significant reduction of pain with functional improvement. The treatment plan included continuing home exercise, renewing current medications (Ibuprofen 10% ointment, Lidoderm patch, Norco and Norflex),

discontinuing Terocin patch and a new prescription for Flector patch. On 10-13-15, Utilization Review noncertified a request for Flector patch 1.3% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30: Overturned

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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Flector Patch. MTUS guidelines state the following: Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The patient currently is unable to tolerate oral medications. According to the clinical documentation provided and current MTUS guidelines, Flector Patch is indicated as a medical necessity to the patient at this time.