

Case Number:	CM15-0020470		
Date Assigned:	02/10/2015	Date of Injury:	12/16/2005
Decision Date:	03/25/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/03/2015

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: North Carolina, Georgia
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 56 year old female, who sustained an industrial injury on December 16, 2005. The diagnoses have included complex regional pain syndrome, neuropathic pain and post-laminectomy syndrome. Treatment to date has included medication, acupuncture and lumbar laminectomy. Currently, the injured worker complains of low back and leg pain. The injured worker reported that he has not received significant pain relief from prior acupuncture and reported that it helped approximately 40% with the walking tolerance. The injured worker describes her low back pain as aching in nature. On examination she has tenderness to palpation over the lumbar spine. Her gait is antalgic and her anterior flexion of the lumbar spine is limited and causes pain. On January 17, 2015, Utilization Review non-certified a request for Flector 1.3% transdermal 12 HR patch #30, noting that the guidelines do not support its use as there is a lack of evidence of long-term efficacy and safety and the requested diclofenac concentrations exceeds the 1% guidelines-supported level. In addition, it is note that the use of diclofenac is not recommended for the treatment of neuropathic pain. The California Medical Treatment Utilization Schedule was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of Flector 1.3% transdermal 12 HR patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3 Percent Transdermal 12 Hour Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113. Decision based on Non-MTUS Citation FDA prescribing guidelines for Flector patch

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. The Flector patch is approved by the FDA for acute pain due to minor sprains, strains, contusions and bruises. It is not indicated for use for chronic pain and therefore is not medically indicated in this case.