

Case Number:	CM15-0217630		
Date Assigned:	11/09/2015	Date of Injury:	02/17/1998
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/05/2015

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:

This injured worker is a 48 year old female, who sustained an industrial injury on 02-17-1998. The injured worker was diagnosed as having sciatica, disc degenerative NOS, and chronic pain syndrome. On medical records dated 09-02-2015, the subjective complaints were noted as back pain, sciatic pain and knee pain - left. Objective findings were noted as left knee swollen, tender and medial joint line tender and lateral joint line tenderness and pain with knee flexion. And lumbar spine revealed paraspinal spasms, trigger point L5, sciatic right ,sciatic left and iliac crest, range of motion was reduced by 50, and abnormal sensory exam was noted. Treatment to date included medication. Current medications were listed as Edluar tablet, Flector Adhesive patch, Komoto, Norco Table, Restral, Soma, Xanax and Zanaflex. The Utilization Review (UR) was dated 10-14-2015. A Request for Authorization was dated 09-03-2015. The UR submitted for this medical review indicated that the request for Flector DIS 1.3% #30 with 3 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% #30 with 3 refills: 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) http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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) Pain Chapter/ Flector patch (diclofenac epolamine).

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. According to ODG Flector patch (diclofenac epolamine) is not recommended as a first-line treatment. 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) ODG also notes that, With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. The AGS updated Beers criteria for inappropriate medication use includes diclofenac. (AGS, 2012) The medical records indicate that Flector Patch has been prescribed for an extended period of time. The FDA approves this medication for acute use only, and given the significant risk profile associated with Diclofenac containing agent, this request is not supported. The request for Flector DIS 1.3% #30 with 3 refills is not medically necessary and appropriate.