

Case Number:	CM15-0042984		
Date Assigned:	03/13/2015	Date of Injury:	05/31/2012
Decision Date:	04/16/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 5/31/2012. He reported that he was lifting boxes off of a cargo truck and felt an acute onset of pain in his low back radiating to the back of both legs. The diagnoses have included lumbar spine central focal disc protrusion L5-S1 with symptoms of bilateral lower extremity radiculitis and symptoms of anxiety, depression and insomnia. Treatment to date has included physical therapy and medication. According to the progress report dated 12/29/2014, the injured worker complained of constant low back pain that radiated to the back of both calves with deep aching and cramping. He also noted occasional swelling of legs. He reported difficulty sleeping. He was taking Tramadol almost every day, Anaprox periodically (can't use it regularly due to NSAID-induced gastropathy) and Zanaflex on occasion. He reported using the Voltaren gel frequently to the lower back. Physical exam revealed tenderness to palpation of the lumbar spine and spasm of right and left lower spine. Sensation was diminished over the entire lower left leg medial and lateral aspects. The treatment plan was for medication and referral to a pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73, 111-113.

Decision rationale: Flector (diclofenac) Patch is a non-steroidal anti-inflammatory drug (NSAID) formulated for topical use. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesic medications have been shown to give local analgesia and studies have shown NSAIDs have been effective when given topically in short-term use trials for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Since this patient does have a positive response to trial use of this medication, uses the medication sporadically and has a NSAID gastropathy preventing daily use of NSAIDs via the oral route continued use of topical diclofenac preparations for this patient is not contraindicated for intermittent therapy. However, the patient is already successfully using topical diclofenac in the form of Voltaren Gel. Addition of the same drug delivered topically via a different format does not make any sense. Medical necessity for using Flector Patch has not been established.

Voltaren gel 1% 2mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73, 111-113.

Decision rationale: Flector (diclofenac) Patch is a non-steroidal anti-inflammatory drug (NSAID) formulated for topical use. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesic medications have been shown to give local analgesia and studies have shown NSAIDs have been effective when given topically in short-term use trials for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Since this patient does have a positive response to trial use of this medication, uses the medication sporadically and has a NSAID gastropathy preventing daily use of NSAIDs via the oral route continued use of topical diclofenac preparations for this patient is not contraindicated for intermittent therapy. Medical necessity for use of this medication has been established.