

Case Number:	CM15-0080040		
Date Assigned:	05/01/2015	Date of Injury:	04/08/2014
Decision Date:	06/03/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 66-year-old male, who sustained an industrial injury on 4/8/2014. He reported falling from his truck after missing a step. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain syndrome, lumbar disc displacement, lumbar radiculopathy, lumbar stenosis and lumbar sprain/strain. Treatment to date has included acupuncture and medication management. In a progress note dated 3/19/2015, the injured worker complains of low back pain with burning and bilateral lower extremity pain. The treating physician is requesting 4 boxes of Flector patches with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Boxes of Flector Patches with 3 Refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector patch.

Decision rationale: Flector, the topical NSAID diclofenac, is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Post marketing 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. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. 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. 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. In this case, the duration of treatment surpasses two weeks. The request should not be medically necessary.