

Case Number:	CM15-0083792		
Date Assigned:	05/06/2015	Date of Injury:	03/06/2000
Decision Date:	06/04/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 74 year old male, who sustained an industrial/work injury on 3/6/00. He reported initial complaints of pain to knees and lower back. The injured worker was diagnosed as having s/p bilateral knee replacements, musculoligamentous sprain of lumbar spine with radiculitis, spondylolisthesis L4-5, spinal stenosis L1-5, and left L5 radiculopathy. Treatment to date has included medication, surgery (total knee replacement bilaterally), epidural steroid injection on 11/21/00, exercise program, electrical stimulation unit and inversion table. Currently, the injured worker complains of almost constant pain across the lower back with radiation down the both legs. Per the primary physician's progress report (PR-2) on 4/13/15, examination reveals tender sciatic notch on the left. Current plan of care included continued exercise program, inversion table, and medication. The requested treatments include Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches, #30 with 5 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, Pain (Chronic) - Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID or oral pain medication. The effect of the patient psychiatric condition on the patient pain perception and on the number of pain medications used should be objectively evaluated. Based on the patient's records, the prescription of Flector Patches #30 with 5 refills is not medically necessary.