MAXIMUS Federal Services

Case Number:	CM15-0088688		
Date Assigned:	05/12/2015	Date of Injury:	12/01/2004
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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 50 year old male, who sustained an industrial injury on 12/01/2004. He has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervical degenerative disc disease; cervical spondylosis; chronic right C5 to C6 radiculopathy; neck pain; right shoulder pain; right shoulder labral tear; right rotator cuff syndrome; right lateral epicondylitis; bilateral carpal tunnel syndrome; low back pain; lumbar spine surgery on 02/09/2006; failed back syndrome; and bilateral lumbar radiculitis. Comorbid conditions include gastroesophageal reflux disease (GERD). Oral anti-inflammatory medications have exacerbated the GERD symptoms. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco, Lidoderm patch, Flector patch, Zanaflex, Soma, Lyrica, and Nexium. An emergency room visit in Feb 2015 diagnosed chronic pain and drug seeking behavior. A progress note from the treating physician, dated 04/03/2015, documented a follow-up visit with the injured worker where he complained of pain in the right elbow, right forearm, right shoulder, neck, upper back, low back, and bilateral legs; numbness in the last two digits of both hands; tingling and burning sensation in his thighs; pain was rated as 3-6/10 on a scale from 1 to 10; and depression. Objective findings included tenderness over the right lateral epicondyle and right common extensor tendon; limited active range of motion of both shoulders; tenderness over the right lower lumbar paraspinal muscles; tenderness and tightness over the upper trapezius muscles and cervical paraspinal muscles; limited range of motion of the cervical spine; decreased sensation to light touch over the left L4

to L6 dermatome distribution. The treatment plan included the request for Flector Patch (Diclofenac Epolamine Patch) 1.3%, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch (Diclofenac Epolamine Patch) 1.3%, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (Anti-inflammatory medications); Topical Analgesics Page(s): 22, 67-74, 111-3. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sports med. 2013 May; 41(2): 64-74.

Decision rationale: Diclofenac Topical Patch (Flector Patch) is a non-steroidal anti-inflammatory (NSAID) medication indicated for topical treatment of acute pain due to minor strains, sprains & bruises. MTUS describes use of topical analgesics to be most effective for the initial 2-12 weeks of treatment but even in that short period of time prolonged use shows diminishing effectiveness. There are no long-term studies available to assess their continuous use in patients with chronic pain. Although most topical analgesics are recommended for treatment of neuropathic pain, topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with a muscle / tendon related problem so treatment with a NSAID medication should be considered an option. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. As there are no contraindications for use of this preparation and the patient cannot take an oral NSAID due to his gastroesphageal reflus disease, medical necessity for use of Flector Patches has been established; the request is medically necessary.