

Case Number:	CM14-0114304		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2006
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69-year-old male who reported an injury on 03/03/2006. The mechanism of injury was a slip and fall off a stool. Diagnoses included low back pain, lumbar radiculopathy, and chronic pain. Current medications included Flector patch 1.3%. Past treatments included epidural steroid injection, H wave unit, and medications. Diagnostic studies included an unofficial MRI of the lumbar spine on 12/01/2006, which reportedly revealed multilevel degenerative spondylosis resulting in spinal stenosis and neural foraminal narrowing, most significant at L4-5 where there were post-surgical changes, and left L5 nerve root had significant mass effect on it from disc fragment. Surgical history included discectomy, foraminotomy, and hemilaminectomy in 2006. The clinical note dated 08/13/2014, indicated the injured worker complained of low back pain radiating to the bilateral lower extremities rated 6/10. The physical exam revealed spasms in the lumbar paraspinal muscles, stiffness, and limited mobility secondary to pain. The treatment plan included Flector patch 1.3% #30. The rationale for the request was to decrease inflammation and pain. The request for authorization form was completed on 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector patch (diclofenac epolamine)

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory agents are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are not recommended for neuropathic pain as there is no evidence to support their use. The Official Disability Guidelines(ODG) go on to state that Flector patch is not recommended as a first line treatment but is FDA indicated for acute strains, sprains, and contusions. The clinical documentation indicated that the injured worker complained of low back pain radiating to the bilateral lower extremities rated 6/10. The injured worker stated that previous use of the Flector patch helped control pain and inflammation, but there is a lack of clinical documentation to indicate the injured worker previously failed a trial of oral NSAIDs, or had an acute injury. The guidelines do not recommend topical NSAIDs for the use of neuropathic pain and there is a lack of evidence to support a diagnosis of osteoarthritis or tendinitis. Furthermore, the request does not include the specific location or frequency for using the patch. Therefore, the request for Flector patch 1.3% #30 is not medically necessary.