

Case Number:	CM14-0128017		
Date Assigned:	08/18/2014	Date of Injury:	11/25/2011
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine and is licensed to practice in Texas. 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:

This injured worker is a 45 year old woman involved in a work related injury from 11/25/11. The injured worker has chronic shoulder, hip and back pain. There was a recent retrospective review for use of topical Flector patches. There are notes from 12/13 indicating prescription for oral Naproxen. The injured worker apparently was prescribed Flector patches in 4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FLECTOR 1.3% PATCH (DURATION UNKNOWN AND FREQUENCY UNKNOWN) DISPENSED ON 6/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 57 AND 122.

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

Decision rationale: The data in this case suggests that the injured worker was prescribed Flector patches, a topical non steroidal anti inflammatory drug, in 4/14. There is no information as to whether or not it was used. There is no information as to benefit from this drug. There is no information as to whether or not the injured worker was still taking Naproxen, or any other

similar drug from that class, or any other drugs, period. Clinical guidelines do not support the use of the Flector patches, noting, "There is little evidence to utilize topical non steroidal anti inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: not recommended as there is no evidence to support use." Given the available clinical data in this case and clinical guidelines, the service is not seen to be medically necessary.