

Case Number:	CM14-0136333		
Date Assigned:	09/03/2014	Date of Injury:	01/18/2006
Decision Date:	12/17/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 and 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 56 year-old female with a date of injury of January 18, 2006. The patient's industrially related diagnoses include industrial injury to the right shoulder with full thickness rotator cuff tear, status post right shoulder arthroscopy, cervical strain/sprain, lumbar strain/sprain, and sciatica. The disputed issues are Flector Patch 1.3% #60 and Voltaren 100mg #60. A utilization review determination on 8/11/2014 had non-certified these requests. The stated rationale for the denial of Flector Patches was: "In this case, the claimant has been noticing increased pain in the lower back radiating to the left buttock lately. It is noted Flector patches have been very helpful. Though the Flector Patch is subjectively reported to be helpful to the claimant, there is no evidence of objective functional benefit to support this." The stated rationale for the denial of Voltaren was: "This medication is an "N" on the Official Disability Guidelines (ODG) formulary. It is noted that the claimant was changed to Voltaren after Naproxen did not provide much relief. However, there is no evidence of objective functional benefit with prior use of this medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector[®] patch (diclofenac epolamine)

Decision rationale: In regard to the request for Flector Patch 1.3% #60, Chronic Pain Medical Treatment Guidelines do not address Flector patch specifically, but do contain criteria for topical NSAIDs that recommend topical NSAIDs for short-term use only. Official Disability Guidelines (ODG) states that the Flector patch is not recommended as a first-line treatment. The guidelines additionally state that Flector patch is FDA indicated for acute strains, sprains, and contusions. 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 substantiates Flector patch efficacy beyond two weeks. In the submitted medical records available for review, the injured worker is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. While the treating physician documented that Flector patch is helping the injured worker's symptoms to be more manageable, it does not appear that Flector patch are prescribed for short-term use, as recommended by guidelines. The documentation reveals that this medication has been prescribed since before 12/5/2014. In light of these issues, the currently requested Flector Patch 1.3% #60 is not medically necessary.

Voltaren 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Voltaren XR 100mg (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In the submitted medical records available for review, the treating physician documented that the injured worker was previously on Naproxen but on 3/14/2014, she was changed to Voltaren to see if she receives more relief. In the progress report dated 5/1/2014, the treating physician documented that the injured worker was found to have Grade A esophagitis and gastritis and was recommended to minimize and avoid anti-inflammatories and was started on Protonix. However, there was no documentation of any specific analgesic benefit with the use of Voltaren (in terms of percent pain reduction, or reduction in numeric rating scale). In light of these issues, the currently requested Voltaren 100mg #60 is not medically necessary.