

Case Number:	CM14-0147758		
Date Assigned:	09/15/2014	Date of Injury:	02/12/2001
Decision Date:	12/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This is a patient with a date of injury of February 12, 2001. A utilization review determination dated August 19, 2014 recommends non-certification of Flector patch. A progress report dated July 29, 2014 identifies subjective complaints of severe left lower back pain, altered gait, dry cough, and right knee pain. The note indicates that the patient is permanent and stationary as of 2002. The note indicates that the patient had a recent flare-up of his lower back pain which has caused severe pain. Physical examination findings reveal spasm in the low back with moderate tenderness in the L4-5 and L5-S1 facet region. Diagnoses include acute exacerbation of chronic lumbosacral strain, resolved sprain of the left ankle, resolved left knee effusion, severe degenerative osteoarthritis of the lumbosacral spine, and lumbar spinal stenosis. The treatment plan recommends a chest x-ray, MRI and x-ray of the lumbar spine, Vicodin, Flector patch, exercises, and other medications. A progress report dated August 21, 2014 indicates that Flector patches, physical therapy, and Robaxin were denied. The note indicates that Flector patch is used separately from oral NSAIDs and "allow him to spare his kidney exposure to toxins a bit."

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector® patch (Diclofenac Epolamine)

Decision rationale: Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the documentation available for review, it does appear that the patient has had a recent exacerbation of pain. However, there is no indication that the patient has failed first-line treatment for this exacerbation prior to using Flector, which is recommended as a 2nd line option according to guidelines. Additionally, there is no indication that this medication is intended to be used for short-term use only. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.