

Case Number:	CM14-0092238		
Date Assigned:	07/25/2014	Date of Injury:	01/22/2014
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/18/2014

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 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 patient is a 52 year old male who was injured on 01/22/2014. The mechanism of injury is unknown. Progress report dated 06/09/2014 states the patient presented with complaints of constant pain in his low back with 3/10 in severity. He reported associated numbness of the right leg on prolonged standing of 20/30 minutes. On exam, he has tenderness of the low back. His range of motion and mobility is normal. His right knee is slightly tender and there is no swelling noted. He is diagnosed with lumbar intervertebral disc without myelopathy and knee and leg sprain/strain. The patient was recommended to continue with Flector patches. Prior utilization review dated 06/17/2014 states the request for Flector DIS 1.3% QTY:30 1 refill is not certified as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% QTY:30 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

Decision rationale: According to MTUS guidelines with regard to topical NSAIDs, "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period.... When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations.... These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety.... Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use..." In this case a request is made for Flector DIS 1.3%, which appears to be a topical diclofenac preparation, for a 51-year-old male with chronic low back and right knee pain. The patient was switched from an oral NSAID, Duexis, to topical Flector due to side effects, apparently in order to treat back pain. However, according to MTUS guidelines topical NSAIDs are not indicated for the spine. Further, there is no discussion of osteoarthritis or tendinitis of the knee. The request is not medically necessary.