

<b>Case Number:</b>	CM14-0092264		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/21/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Pain Management and Rehabilitation, 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 58 year-old patient sustained an injury on 8/21/2001 while employed by [REDACTED]. Request(s) under consideration include 1 prescription for Flector patches #60 with 3 refills. The patient continues to treat for chronic ongoing low back complaints with radicular symptoms into right leg. He is s/p L4-5, L5-S1 lumbar fusion. Conservative care has included acupuncture, physical therapy, medications, chiropractic treatment, TENS unit, and modified activities/rest. Report of 4/8/14 from the provider noted the patient with exam findings of tenderness at L2-S1, bilateral sacroiliac, trochanteric areas with spasm. Pain level reported as 9/10 without and 3-6/10 with medications. The patient has unchanged function and can only work limited duty no more than 4 hours/day. The request(s) for 1 prescription for Flector patches #60 with 3 refills was non-certified on 5/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Flector patches #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation NSAID, OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 22.

**Decision rationale:** This 58 year-old patient sustained an injury on 8/21/2001 while employed by [REDACTED]. Request(s) under consideration include 1 prescription for Flector patches #60 with 3 refills. The patient continues to treat for chronic ongoing low back complaints with radicular symptoms into right leg. He is s/p L4-5, L5-S1 lumbar fusion. Conservative care has included acupuncture, physical therapy, medications, chiropractic treatment, TENS unit, and modified activities/rest. Report of 4/8/14 from the provider noted the patient with exam findings of tenderness at L2-S1, bilateral sacroiliac, trochanteric areas with spasm. Pain level reported as 9/10 without and 3-6/10 with medications. The patient has unchanged function and can only work limited duty no more than 4 hours/day. The request(s) for 1 prescription for Flector patches #60 with 3 refills was non-certified on 5/16/14. Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. The 1 prescription for Flector patches #60 with 3 refills is not medically necessary and appropriate.