

Case Number:	CM14-0211259		
Date Assigned:	12/24/2014	Date of Injury:	03/04/2008
Decision Date:	02/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

40 year old female with date of injury 3/4/2008 continues care with the treating physician. Patient mechanism of injury was a fall from a stepladder, 3 feet, to land on her back. Patient has persistent lumbar radiculopathy with bilateral sacroiliitis and degenerative lumbar disc disease. Patient has had physical therapy, injections, home traction, home exercises, psychotherapy and has used a TENS unit, all with minimal relief. Treating physician requests a refill for chronic medication, Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 920. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.fda.gov.

Decision rationale: The MTUS Guidelines and the ACOEM do not address Flector patch specifically, but the ACOEM Guidelines do address the general issue of topical non-steroidal anti-inflammatory drugs, in any format. Flector patch is a diclofenac patch indicated, per FDA, for acute pain related to sprain and strains. The Flector patch has no long term use indications. Per the ACOEM, there is insufficient evidence to recommend for or against use of topical non-steroidal anti-inflammatory drugs for chronic pain. Some evidence, though not strong, does exist for use of topical non-steroidal anti-inflammatory drugs in chronic pain of superficial tissues only. As the FDA indication for Flector patch is only for short term use in acute pain, and as the Guidelines do not support use of topical non-steroidal anti-inflammatory drugs in chronic pain, the Flector patch in this patient with chronic pain is not indicated. The request is not medically necessary and appropriate.