

Case Number:	CM14-0056685		
Date Assigned:	07/09/2014	Date of Injury:	03/08/2011
Decision Date:	01/05/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 57-year-old female who has submitted a claim for lumbar disc displacement without myelopathy and lumbosacral neuritis associated with an industrial injury date of 3/8/2011. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities rated 6/10 in severity. She described it as aching and stabbing with associated numbness sensation. Present medications provided 30% symptom relief. Examination of the lumbar spine showed limited motion, muscle spasm, and tenderness. Straight leg raise test and FABER test were positive. Weakness was noted at left ankle dorsiflexor and big toe extensor. The treatment to date has included transforaminal epidural steroid injection, L3-S1 medial branch block followed by radiofrequency rhizotomy in 2012, physical therapy, Flexeril, Voltaren tablet, Flector patch (since 2013) and citalopram. The utilization review from 3/25/2014 denied the request for Flector patch 1.3% 1-2 patch to skin Q 12h on/off #60 because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% 1-2 patch to skin Q 12h on/off #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Flector Patch).

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Pages 111-112 of the CA MTUS Chronic Pain Medical Treatment Guideline state that topical NSAIDs, such as Diclofenac (Flector patch), 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. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. In this case, the patient has been on Diclofenac patch since 2013 with noted 30% symptom relief. The patient reported significant pain relief from patch formulation than oral NSAID use. However, its long-term use is not guideline recommended. Moreover, it is not recommended for chronic phase of treatment given the industrial injury occurred in 2011. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Flector patch 1.3% 1-2 patch to skin Q 12h on/off #60 is not medically necessary.