

Case Number:	CM15-0015484		
Date Assigned:	02/03/2015	Date of Injury:	08/05/2013
Decision Date:	03/27/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 54 year old female, who sustained an industrial injury on 08/05/2013. The diagnoses have included lumbar spine sprain/strain with bilateral lower extremity radiculopathy. Noted treatments to date have included medications. Diagnostics to date have included negative electromyography/nerve conduction studies and MRI showed annular tear at L4-L5. In a progress note dated 12/03/2014, the injured worker presented with complaints of low back pain. The treating physician reported tenderness to palpation with no guarding and spasm. Utilization Review determination on 12/24/2014 non-certified the request for Flector patch 1.3% #60 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Flector patch (diclofenac epolamine)

Decision rationale: The injured worker sustained a work related injury on 08/05/2013. . The medical records provided indicate the diagnosis of lumbar spine sprain/strain with bilateral lower extremity radiculopathy. The medical records provided for review do not indicate a medical necessity for Flector patch 1.3% #60 . Flector patch is a topical NSAID containing Diclofenac. the MTUS is silent on flector patch, but recommends Voltaren Gel 1% (a diclofenac containing topical analgesic) for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The Official Disability Guideline recommends against using it as a first line medication without evidence of failed treatment with first line medications. It is FDA approved for treatment of sprains, but there is no evidence of benefit beyond two weeks. When used, the Official Disability Guidelines recommends regularly monitoring transaminases. The records indicate the injured worker was still taking Motrin(an NSAID) at the same time the worker was prescribed Flector patch. This indicates the first line medications had not failed.