

Case Number:	CM15-0111095		
Date Assigned:	06/17/2015	Date of Injury:	04/03/2012
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
 Certification(s)/Specialty: Emergency 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 50 year old male, who sustained an industrial/work injury on 4/3/12. He reported initial complaints of pain to right knee and lower back. The injured worker was diagnosed as having lumbar disc bulge s/p discectomy and laminectomy, and left medial meniscus tear. Treatment to date has included medication and diagnostic testing. Currently, the injured worker complains of low back pain rated 5-7/10 that radiates to the right buttock and left knee sharp constant pain rated 4-6/10 with popping, clicking, and locking with swelling. Per the primary physician's progress report (PR-2) on 5/21/15, examination reveals sensation intact, positive McMurray's test. The requested treatments include Flector Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as Flector (Diclofenac epolamine) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Chronic use is not recommended due to risk of side effects. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient has been using this chronically with no noted objective improvement in pain or function. Documentation does not support continued chronic use of Flector. Therefore, the request is not medically necessary.