

Case Number:	CM15-0125207		
Date Assigned:	07/16/2015	Date of Injury:	04/24/2004
Decision Date:	09/09/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 68-year-old female, with a reported date of injury of 04/24/2004. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar facet arthropathy, cervicogenic headache, cervical myofascial pain syndrome, migraine headache, lumbar discogenic spine pain, lumbar sprain and strain, and sacroiliac joint dysfunction. Treatments and evaluation to date have included oral medications, physical therapy, home exercise program, bilateral sacroiliac joint injection on 02/11/2015 and 03/11/2015, and topical pain medication. The diagnostic studies to date have included urine drug screenings on 12/05/2014 and 02/24/2015. The progress report dated 06/05/2015 indicates that the injured worker had ongoing pain in the low back with radiating pain and symptoms to the hips, buttocks, and lower extremities. Her current pain on a good day was rated 8 out of 10; and the current pain on a bad day was rated 10 out of 10. The physical examination showed tenderness in the bilateral occipital region, decreased cervical range of motion, diffuse muscle spasm and tenderness in the lumbar spine, decreased and painful lumbar range of motion, an antalgic gait and weakness, and bilateral cervical spasm. Her status was permanent and stationary, and her prognosis was fair. The treating physician requested Flector patch 1.3% #60. It was recommended to apply one patch every 12 hours as needed.

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 Topical Analgesics Page(s): 111-112.

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

Decision rationale: According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, the use of a Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. This medication may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence that supports the medication use in the treatment of chronic low back pain. Medical necessity for the requested Flector patch has not been established. The requested item is not medically necessary.