MAXIMUS Federal Services

Case Number:	CM15-0129752		
Date Assigned:	07/16/2015	Date of Injury:	11/11/2014
Decision Date:	09/10/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan
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 50 year old female, who sustained an industrial injury on 11/11/2014. She has reported subsequent low back pain and was diagnosed with chronic pain syndrome, myofascial pain, low back pain and possible lumbar facet and disc pain. Treatment to date has included medication, bracing, application of ice, physical therapy, acupuncture and a home exercise program. In a progress note dated 04/12/2015, the injured worker complained of low back pain with radiation to the left buttock that was rated as 6/10 without medication and 4/10 with medication. Objective findings were notable for an antalgic gait, moderate spasm in the paraspinal muscles, tenderness in the paraspinous muscles, minimal tenderness of the sacroiliac joints on the left, limited flexion and extension due to increased pain and positive straight leg raise on the left. The most recent progress notes show that the injured worker reported good pain relief with oral pain medications and that they were well-tolerated. The physician noted that Flector patches were being prescribed for acute flare-ups of pain. A 06/09/2015 progress note shows that the injured worker's pain was rated as 8/10 without medication and 6/10 with medication. There was no discussion as to the effectiveness of Flector patches. Work status continued as modified. A request for authorization of Flector 1.3% patches #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation FDA.

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

Decision rationale: As per CA MTUS guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed," Topical Diclofenac (Flector) is "Indicated for relief of 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." There is no evidence of a failure of first line agents. In addition, oral opioid and non-steroidal anti-inflammatory drugs (NSAID's) were noted to have helped decrease pain and to be well tolerated. There was also no documentation of objective functional improvement or significant pain reduction with use of Flector patches. Pain ratings increased from the time the Flector patches were started and there was no documentation of a change in work status. Therefore, the request for authorization of Flector patches is not medically necessary.