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| Case Number: | CM15-0173577 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 02/25/2008 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/03/2015 |
| Priority: | Standard | Application Received: | 09/03/2015 |

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, Florida, California

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 male who sustained an industrial injury on 2-25-08. The injured worker reported pain in the back as well as headaches. A review of the medical records indicates that the injured worker is undergoing treatments for internal derangement of knee, plantar fasciitis and chronic pain syndrome. Medical records dated 7-14-15 indicate constant pain, aching, throbbing rated at 7 out of 10. Provider documentation dated 7-14-15 noted "The patient is able to complete the following activities with no difficulty: bathing, cleaning, cooking, dressing, driving and grooming." Provider documentation dated 7-14-15 noted the work status as "may return to regular work with previous restrictions." Treatment has included hydrocodone since at least February of 2015, nonsteroidal anti-inflammatory drugs since at least February of 2015, oral analgesics since at least February of 2015, Lidoderm patch since at least April of 2015, Flector patch since at least April of 2015, Lyrica since at least April of 2015 and Haldol since at least July of 2015. Objective findings dated 7-14-15 were notable for bilateral shoulders and knees with crepitus, tenderness to palpation to the bicep tendon, trigger points noted to the trapezius. The original utilization review (8-3-15) denied a request for Flector 1.3% quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Flector Patches.

Decision rationale: This claimant was injured in 2008 with internal derangement of knee, plantar fasciitis and chronic pain syndrome. As of July, there is still pain. The claimant returned to work with previous restrictions. Flector patches have been prescribed since at least April of 2015. The objective, functional improvement out of the Flector usage is not captured in the notes. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Flector patches, the ODG notes in the pain section: Not recommended as a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) not for chronic issues. The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term therapy with diclofenac. Also, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request is not medically necessary.