

Case Number:	CM15-0174482		
Date Assigned:	09/16/2015	Date of Injury:	09/09/2010
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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, South Carolina

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

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 51 year old female who sustained an industrial injury on 9-9-10. The injured worker has complaints of low back pain radiating more to the left leg. The documentation on 7-10-15 noted the injured worker stated her pain is constant at a level of 7 out of 10 and it is difficult for her to walk. Magnetic resonance imaging (MRI) of the lumbar spine on 6-16-15 showed L1-L3 is benign; L4-L5 has a posterior protruding disc that is mild and with arthritic changes; and there is moderate to severe posterior disc protrusion at L5-S1 (sacroiliac) contacting the intrathecal sac and affecting the neuroforamen and causing spinal stenosis. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included Norco allows her pain level to be reduces to 6 to 7 out of 10 and states 30 to 40 percent pain relief depending on her activity; failed tramadol, Lyrica, and Flexeril due to side effects; Flector patches with benefits for her osteoarthritis pain; zolpidem tartrate; lumbar epidural steroid injection; chiropractic therapy with short duration of relief; physical therapy that is worse with pain and transcutaneous electrical nerve stimulation unit that was not effective. The documentation noted on 7-10-15 the injured worker defers surgical interventions and acupuncture therapy due to apprehension. The original utilization review (8-26-15) modified the request for Flector 1.3 percent patch #60 x 2 refills to Flector 1.3 percent patch #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG Flector patch (diclofenac epolamine).

Decision rationale: Per the cited CA MTUS, topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis (OA), but then with diminishing effect over another 2-week period. Topical NSAIDs are indicated specifically for osteoarthritis and tendinitis of the knee and elbow, or other joints that are amenable to topical treatment for short-term use (4-12 weeks). They are not recommended for neuropathic pain as there is no evidence to support use. According to the ODG, topical diclofenac is not recommended as a first-line treatment, but it is recommended for osteoarthritis after failure/contraindication of an oral NSAID upon considering the increased risk profile with diclofenac. Flector patch is FDA indicated for acute strains, sprains, and contusions; however, there is no data that substantiate Flector efficacy beyond two weeks. The most recent treating provider notes state that the injured worker has had improved OA symptoms with Flector patches, but OA is not included in her assessment, nor are the specific regions for treatment mentioned. In addition, the injured worker has been receiving Flector patch prescriptions for greater than 3 months, exceeding the guidelines. Therefore, the request for Flector 1.3% patch #60 RF2 is not medically necessary or appropriate.