MAXIMUS Federal Services

Case Number:	CM15-0077208		
Date Assigned:	04/28/2015	Date of Injury:	05/01/2011
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/22/2015

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: 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 55 year old female who sustained an industrial injury on 05/01/2011. Current diagnoses include chronic pain syndrome, pain in joint-shoulder, and pain in joint-pelvic region/thigh. Comorbid conditions includes diabetes and obesity (BMI 33.5). Previous treatments included medication management, left hip replacement, right shoulder surgery, physical therapy, epidural injections, home exercise program, and functional restoration program. Initial complaints included a left hip fracture after falling at work. Report dated 04/02/2015 noted that the injured worker presented with complaints that included a flare-up of left hip pain. It was noted that NSAIDS cause hypothrombocytopenia. Pain level was 9 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continuing with current treatment, recommendation for Flector patch due to a flare-up of pain and cannot take oral NSAIDS, continue with icing, recommended following up to ensure no new pathology, follow up in 2 weeks for re-check, decrease exercise until pain decreases, and discussed sleep positioning with extra pillows. Disputed treatments include flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%. #60, 1 patch daily transderaml for 30 days: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (Anti-inflammatory medications); Topical Analgesics Page(s): 22, 67-74, 111-3. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May;41(2):64-74.

Decision rationale: Diclofenac Topical Patch (Flector Patch) is a non-steroidal anti-inflammatory (NSAID) medication indicated for topical treatment of acute pain due to minor strains, sprains & bruises. MTUS describes use of topical analgesics to be most effective for the initial 2-12 weeks of treatment but even in that short period of time prolonged use shows diminishing effectiveness. There are no long-term studies available to assess their continuous use in patients with chronic pain. Although most topical analgesics are recommended for treatment of neuropathic pain, The MTUS suggests that topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. This patient has been diagnosed with extremity pain probably of a muscle / tendon related problem so treatment with a NSAID medication should be considered an option. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. Since the patient can't take oral NSAIDs due to risk of thrombocytopenia and the use of this preparation is less likely to have that side effect, use of the Flector patch is an option. However, the provider still should monitor for any change in the patient's platelet count with serial CBCs. Medical necessity for use of Flector Patches has been established. The request is medically necessary.