

Case Number:	CM15-0078058		
Date Assigned:	04/29/2015	Date of Injury:	03/10/2014
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 03/10/2014. She has reported subsequent neck, low back, right shoulder, right wrist and right foot pain and was diagnosed with cervical and lumbar disc protrusion, cervicalgia, lumbago, lumbar radiculitis, right shoulder impingement syndrome and right wrist and foot sprain/strain. Treatment to date has included oral and topical pain medication, physical therapy and acupuncture. In a progress note dated 03/19/2015, the injured worker complained of neck, low back, right shoulder, wrist and foot pain. Objective findings were notable for decreased range of motion of the cervical spine, lumbar spine, right shoulder, wrist and foot, pain with cervical and foraminal compression, pain with Kemp's sign, pain with straight leg raise bilaterally, pain with supraspinatus press and shoulder apprehension. A request for authorization of Flector patch as needed for pain was submitted.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. The Flector patch 1/3% #60 is not medically necessary and appropriate.