MAXIMUS Federal Services

Case Number:	CM14-0142239		
Date Assigned:	09/10/2014	Date of Injury:	08/15/1996
Decision Date:	10/06/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

65 yr. old female claimant sustained a work injury on 8/15/96 involving the low back. She was diagnosed with spinal stenosis, lumbar spondylosis and lumbar degenerative disc disease. A progress note on 9/16/14 indicated the claimant had 4-6/10 back pain. Review of systems were notable for lower extremity weakness, back spasms and numbness in the right leg. Exam findings did not show nerve impingement findings. There were only muscle aches. The claimant had been taking opioids and applying topical analgesics including Flector patches and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12-hour patch (apply 1 patch 2 x per day for 30 days), 60 patches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; the Physician's Desk Reference, 68th ed; www.RxList.com; the ODG Workers Compensation Drug Formulary; Epocrates Online; Monthly Prescribing Reference; Opioid Dose Calculator - AMDD; and ACOEM online (www.acoempracguides.org), Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Flector contains topical Diclofenac (an NSAID). According to the 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder.The claimant had been using Flector along with topical Lidocaine. Based on the above noted lack of clinical evidence to support its use for back pain and the combined use of another topical analgesic, the use of Flector patches is not medically necessary.