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Date: 12/11/2017 2:09:59 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Flector Patch 1.3% (30 days)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Anesthesiology, Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|-----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: The patient with a history of an occupational from XXXX. The mechanism of injury is detailed as XXXX. Prior relevant treatment, TENS unit, traction and medication to include tramadol, ibuprofen and cyclobenzaprine. An MRI of the cervical spine revealed at C3-4 there is moderate to severe left neuroforaminal stenosis, and C5-6 moderate left neuroforaminal stenosis and mild spinal canal stenosis. According to the XXXX progress note the patient reported decreased sleep and decreased physical activity. The patient reported pain was a 6/10 in severity, stabbing in quality and does not radiate. The pain was aggravated by turning and lying down. Medications were noted to include acetaminophen 500 mg, cyclobenzaprine 10 mg, ibuprofen 800 mg, Naprosyn 500 mg, tramadol 50 mg, Tylenol extra strength and Valium 5 mg. On physical examination there was 5/5 strength major muscle groups of the bilateral upper extremities. There is normal muscle bulk and tone with intact sensation. The patient was diagnosed with sprain of ligaments of cervical spine. The treatment plan was for prescription of Voltaren gel or Flector patch, schedule acupuncture in a prescription for metaxalone 800 mg cyclobenzaprine was not helping.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The Official Disability Guidelines state Flector® patch (diclofenac epolamine) is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. In this case, the date of injury was XXXX. There was documentation that the patient reported cyclobenzaprine was not working, but not other oral NSAIDs. The patient was no longer experiencing acute pain, but chronic pain. Therefore, the request Flector Patch 1.3% (30 days) is not medically necessary. As such, the prior denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2017, Pain, Flector® patch (diclofenac epolamine)