

Case Number:	CM13-0001622		
Date Assigned:	05/02/2014	Date of Injury:	01/07/2013
Decision Date:	06/10/2014	UR Denial Date:	06/19/2013
Priority:	Standard	Application Received:	07/16/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The patient is a 34 year old female who was injured on 1/7/2013. The diagnoses are low back pain, neck pain and bilateral lower extremities pain. The 2013 lumbar spine MRI showed multilevel disc bulges and facet arthropathy. An X-Ray of the lumbar spine showed mild scoliosis and degenerative disc disease. On an 11/26/2013 office visit with [REDACTED], the patient complained of low back pain of 7/10 in severity. There was no associated numbness or tingling symptoms. The patient was evaluated by a spine specialist on 10/21/2013 but no surgery or interventional pain procedure was recommended. The medications listed are Flexeril for muscle spasm, Motrin, Vicodin and topical Flector patch for pain. A Utilization Review was rendered on 6/19/2013 recommending non certification of Flector patch 1.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113..

Decision rationale: The California MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAID medications can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbation of musculoskeletal pain. The topical NSAIDs preparations have diminished efficacy during chronic use. It is recommended that the use of topical NSAIDs be limited to patients who cannot tolerate oral NSAID medications. The concurrent use of multiple NSAIDs in both oral and topical formulations is associated with increased incidence of complications. This patient is utilizing Motrin 800mg in addition to the Flector patch 1%. Therefore, the request for Flector Patches 1.3% is not medically necessary and appropriate.