

Case Number:	CM13-0048501		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2002
Decision Date:	03/26/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine has a subspecialty in Pulmonary Disease 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 physician 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 48-year-old male who reported an injury on 07/09/2002. The patient is currently diagnosed with lumbosacral disc injury, lumbosacral discectomy with laminectomy, lumbosacral sprain/strain injury, lumbosacral radiculopathy, and flare-up of low back pain. The patient was seen by [REDACTED] on 12/03/2013. The patient reported a severe flare-up and discomfort involving the lower back and lower extremity. Physical examination revealed decreased lumbosacral range of motion, 5/5 motor strength in bilateral lower extremities, and positive straight leg raising bilaterally. Treatment recommendations included continuation of Norco, Flexeril, Flector patch, and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 111-113. Decision based on Non-MTUS Citation ODG-TWX Regarding Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Agents Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report severe lower back pain. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.