

Case Number:	CM13-0051040		
Date Assigned:	12/27/2013	Date of Injury:	04/06/1999
Decision Date:	02/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas and Illinois. 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 42-year-old who reported a work related injury on 04/06/1999, specific mechanism of injury not stated. The most recent clinical note submitted for review dated 10/11/2013 reports the patient called clinic to discuss his condition with [REDACTED]. The provider documents the patient reports continuous numbness to the left lower extremity with utilization of medication, ice, heat, and TENS (transcutaneous electrical nerve stimulation) the patient is reporting a lack of pain relief. The clinical notes document the patient utilizes Skelaxin 800 mg 1 tab by mouth twice a day, Cymbalta 60 mg 1 tab by mouth every a.m., oxycodone HCL 30 mg 1 tab by mouth every 4 times a day, Flector patch 1 to skin every 12 hours, DSS 250 mg 1 tab by mouth twice a day, Senna 8.6 one tab by mouth twice a day, Neurontin 300 mg 1 tab 3 times a day, Ambien 10 mg 1 tab by mouth at bedtime, methadone 1 tab by mouth twice a day, trazodone 50 mg 1 to 2 by mouth at bedtime, Norco 10/325 one tab by mouth every 3 to 4 hours, diazepam 10 mg 1 tab by mouth every 4 hours. The provider documented the patient presented with the following diagnoses postlaminectomy syndrome, anxiety state, and depressive disorder. The provider documented the patient reported he would try to wait out the pain increase and avoid going to the ER. The provider documented that if the patient wished to pursue use of a Medrol Dosepak, he would have to have clearance from his primary care physician due to diabetes mellitus diagnosis. ❄️

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Patch, 60 count with five refills, for lumbar spine pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition, as well as the Physician's Desk Reference, 65th edition, and the Official Disability Guidelines (ODG) Workers' Compensation Drug Formulary.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient presents status post a work related injury sustained in 1999. The most recent documentation for this patient reports significant increases in the patient's rate of pain, the patient is on multiple medications for his pain complaints, and no specifics were rendered evidencing the patient's reports of efficacy with utilization of a Flector patch. The on Chronic Pain Medical Treatment Guidelines indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The records provided show a lack of documentation evidencing the decrease in rate of pain a VAS (visual analog scale) and increase in objective functionality as a result of utilizing this medication intervention for the patient's chronic pain complaints. The request for Flector 1.3% Patch, 60 count with five refills, for lumbar spine pain, is not medically necessary or appropriate.