

Case Number:	CM13-0053224		
Date Assigned:	12/30/2013	Date of Injury:	11/04/1998
Decision Date:	06/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Rheumatology and is licensed to practice in New York. 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 59 year old man who was injured in 1998. He complains of lower back pain and pain radiating down the left leg. His diagnoses are lower back pain, lumbosacral radiculopathy, chronic pain syndrome, depression, and diabetes. On examination on July 25, 2013 he had a normal gait. He had tenderness to palpation of the lower paraspinal muscles bilaterally; his neurological exam was normal. Patient was given samples of Flector patches on July 25, 2013. Ibuprofen 800 mg PO TID prn was listed as an ongoing medication on that date. The patient reported a 75% decrease in his pain after using Flector patches. A prescription for Flector patches was written on 8/30/2013. Patient was still on ibuprofen 800 mg PO TID prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline, Page(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety.

These medications may be useful for chronic musculoskeletal pain but there are no long-term studies of their efficacy and safety. Flector patches (topical diclofenac patches) are not discussed specifically, but Voltaren gel (topical diclofenac gel) is discussed and it is indicated for pain relief osteoarthritic joints that lend themselves to topical treatment, such as the elbow and knee. This patient has back pain, and there is no reason to expect that a topical preparation would penetrate the soft tissue sufficiently to provide efficacious pain relief. In addition there is nothing in the medical records to suggest that the patient is unable to take oral medications, and therefore a topical analgesic is not medically necessary. In addition, patient is also taking ibuprofen prn and due to systemic absorption of topical diclofenac, the use of two NSAID's simultaneously could be associated with increased risk of adverse effects including GI and cardiovascular risks.

IBUPROFEN 800MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAID's Page(s): 67-68.

Decision rationale: The MTUS Guidelines state that NSAID's are recommended as a second-line agent after acetaminophen for acute exacerbations of back pain. For chronic back pain, a Cochrane review found that NSAID's were no more effective than acetaminophen or other agents. The medical records do not document a trial of acetaminophen for this patient's back pain. Ibuprofen 800 mg is not medically necessary. The patient is also using topical diclofenac; two NSAID's should not be given simultaneously.

GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: ODG guidelines online Section: Low Back. Topic: Gym Memberships.

Decision rationale: Gym memberships are not specifically discussed in the MTUS. The medical records do not show that the patient is unable to participate in a home exercise program. The progress note of 9/25/2013 mentioned tenderness to palpation of the paravertebral muscles bilaterally and restricted range of motion due to pain, but the note does not document the level of compliance with home exercises and does not establish the medical necessity of a gym membership. The treating physician has not provided a rationale for exercises that can only be performed at a gym and that are medically necessary for the treatment of his condition.