MAXIMUS Federal Services

Case Number:	CM13-0058219		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2007
Decision Date:	05/21/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgeon, 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 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 47 year old male who sustained an injury on 06/22/07 while repeatedly moving boxes weighing approximately 30-35 lbs. The patient has been followed for complaints of chronic low back pain following prior lumbar fusion procedures performed in 2011. The patient does have a history of narcotics use as well as associated comorbid cardiac conditions. The patient also reported side effects from medications to include gastrointestinal upset. The patient had been utilizing topical Medrox patches since December of 2011 as well as utilization of anti-inflammatories, Percocet, Norco, and Tizanidine. The patient was also taking Prilosec for gastrointestinal upset. The patient was seen by [redacted] on 10/21/13. The patient continued to describe complaints of low back pain radiating to the lower extremities with associated burning symptoms. The patient was taking Norco at 4 per day and was able to continue working. The patient was recommended for further epidural steroid injections as well as physical therapy. On physical examination, there was tenderness to palpation in the lumbar spine. Recommendations were for further injection therapy as well as physical therapy. Percutaneous epidurolysis was also considered. Medications were continued at this date including Norco, Tizanidine, and a muscle relaxer. The patient was seen by [redacted] on 11/05/13. The patient was utilizing Edarbi but there were side effects with this medication. Physical examination noted a blood pressure of 152/94. Edarbi was stopped at this visit and the patient was prescribed Benicar as well as Protonix and Zofran. Flector Patches 1.3% #30 have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF FLECTOR PATCHES 1.3% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: p. 112, 2010 Revision, Web Edition.

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

Decision rationale: In regards to the request for Flector patches, this topical medication includes the anti-inflammatory Diclofenac. Per current evidence based guidelines regarding topical analgesics, most topical medications are considered experimental and investigational as there is limited evidence regarding their effectiveness in the treatment of chronic pain. There are certain indications for the use of topical anti-inflammatories such as Diclofenac when patients present with clear contraindications for oral medication use. In this case, the patient is already noted to have side effects with oral medications to include gastrointestinal upset. Previously, the patient had been prescribed Protonix as a prophylactic medication regarding these side effects. The clinical documentation provided for review did not establish that the use of Protonix in addition to oral anti-inflammatories was not providing sufficient improvement in regards to side effects. In this case, there are no indications of any complete contraindications to the use of an oral anti-inflammatory which would support topical anti-inflammatory use. Therefore, this reviewer would not have recommended this medication as medically necessary.