

Case Number:	CM13-0067055		
Date Assigned:	05/07/2014	Date of Injury:	12/28/2003
Decision Date:	06/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/17/2013

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 Management and is licensed to practice in Georgia. 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 claimant is a 52-year-old female presenting with chronic pain following a work-related injury. The claimant reported pain that is not improving. On October 22, 2013 the claimant reported stomach issues with medications. The pain is localized to multiple areas including the cervical and lumbar regions as well as the right upper extremity and bilateral lower extremity. The pain is rated a 5-7 out of 10 and described as prickling, aching, burning, sharp, pressure and shooting that was constant and intermittent. The pain was aggravated with activities. The claimant reports minimal benefit from medications. The claimant was prescribed Lodine, Flector patch, and Cymbalta. Physical exam revealed mild distress and an antalgic gait, limited range of motion in all planes of the cervical spine due to severe muscle spasms in the paraspinal and trapezius muscles, limited range of motion of the lumbar spine with flexion at 40°^Â, extension at 5°^Â, left and right lateral bending at 15°^Â and left and right rotation at 10°^Â, and decreased sensation in both feet with decreased plantar and dorsiflexion strength is 5 out of 5 bilaterally. The claimant was diagnosed with cervical spine strain and sprain, postlaminectomy syndrome of the cervical spine status post cervical fusion at C6-7, thoracic spine strain and sprain, lumbar spine strain and sprain, postlaminectomy syndrome of the lumbar spine status post L4-5 and L5-S1 fusion and chronic pain syndrome. The provider recommended TENS unit, acupuncture treatment, Elavil, Lodine and Flector patch. Flector patch is being requested at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH #60, 1 PATCH TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, the MTUS Guidelines states that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. Therefore, the request for Flector patch #60, 1 patch twice a day, is not medically necessary and appropriate.