

Case Number:	CM13-0070285		
Date Assigned:	01/03/2014	Date of Injury:	05/25/2012
Decision Date:	06/25/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational Medicine, 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:

This is a 45-year-old female patient with a 5/25/12 date of injury. 1/14/14 progress report indicates chronic left-sided low back pain. The patient reports some intermittent spasms with increased activity. Physical exam demonstrates non-specific findings. Treatment to date has included lumbar RFA on 10/22/13; physical therapy, medication, and activity modification. 2/3/13 pros report indicates persistent low back pain, slightly decreased following lumbar RFA. Physical exam demonstrates some mild inability with sitting straight leg raise on the left. The patient has also had previous facet injections, TENS unit, long arm splint and sling, inversion unit, lumbar facet blocks. There is documentation of a previous adverse 12/2/13 determination as the request was presented without documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF FLECTOR DISCS 1.3% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Flector

Decision rationale: MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, Food & Drug Administration (FDA) indications for Flector patches include acute strains, sprains, and contusions. With a 2012 date of injury, the patient's complaints are well beyond the acute phase during which Flector discs may have been indicated. The patient's complaints are clearly chronic and it is unclear when Flector was first prescribed or what the patient's response to previous Flector treatment was. Therefore, the request for Pharmacy Purchase of Flector Discs 1.3% #30 was not medically necessary.