

Case Number:	CM13-0071274		
Date Assigned:	01/08/2014	Date of Injury:	03/30/2010
Decision Date:	06/25/2014	UR Denial Date:	12/15/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 37-year-old male who reported an injury on 03/30/2010 with the mechanism of injury not provided in the documentation. In the clinical note dated 12/04/2013, the injured worker complained of severe left lumbosacral spine pain that radiated to the bilateral buttocks and lateral thighs. He also complained that the pain radiated to his left leg to the ankles and it was sharp in quality. It was also noted that the injured worker complained of left shoulder and arm pain associated with muscle spasm. In the physical examination of the lumbar spine, it revealed tenderness to palpation over the midline and the lumbosacral spine and that he had a slow gait and that motor and sensory function of the lower extremities was intact. In the physical examination of the cervical spine, the cervical range of motion was noted to be mildly decreased with pain at the limit of range, tenderness to palpation of the bilateral trapezius and medial scapula were reported bilaterally and motor and sensory function of the upper extremities was intact. The diagnoses included cervical strain, lumbar strain, degenerative disc L5-S1 with central disc protrusion and annular tear, probable discogenic pain T11-12 by report, rule out left carpal tunnel syndrome and erectile dysfunction. It was noted that the injured worker was temporarily totally disabled. The treatment plan included a wait for a response from the Independent Medical Review Board for authorization for circumferential fusion of L5-S1 and a discussion for the injured worker to pursue a course of acupuncture therapy for the cervical spine to address muscle spasm and inflammation, and a prescription for Flector patches for inflammation to avoid GI upset due to traditional NSAIDs such as ibuprofen or naproxen. The injured worker was to follow-up in 6 weeks. The Request for Authorization for Flector patches for inflammation to avoid GI upset due to traditional NSAIDs such as ibuprofen and naproxen was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3%, #60: 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 Page(s): 111-112.

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector (diclofenac) is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for the treatment of the spine, hip or shoulder. In the clinical notes provided for review, there was insufficient evidence of the injured worker's pain level status or previous trials of conservative therapy or antidepressants and anticonvulsants and their efficacy. It was noted that the request for the Flector patches was to avoid gastrointestinal (GI) upset due to traditional non-steroidal anti-inflammatory drugs (NSAIDs); however, there was lack of documentation of the injured worker having gastrointestinal issues. Furthermore, the guidelines recommend topical treatment for the ankle, elbow, foot, hand, knee and wrist; however, it has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the request for Flector 1.3%, #60 is not medically necessary.