MAXIMUS Federal Services

Case Number:	CM14-0003579		
Date Assigned:	01/31/2014	Date of Injury:	05/05/2012
Decision Date:	06/24/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 51-year-old male who has submitted a claim for lumbar spondylolisthesis, lumbar stenosis and lumbar radiculopathy status post anterior and posterior L5-S1 diskectomy and arthrodesis associated with an industrial injury date of May 5, 2012. The medical records from 2013-2014 were reviewed showing the patient having low back pain. The pain radiates down the anterior portion of his thigh on the left side with associated symptoms of pins-and-needles sensation and numbness. There was also numbness of the left foot. Physical examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with flexion and extension. There is paravertebral muscle tenderness and tight muscle band on both sides. Lumbar facet loading, Gaenslen's test and Faber test were positive. MRI of the lumbar spine, dated December 11, 2013, showed L5-S1 severe disc degeneration and grade 1 (7mm) spondylolisthesis due to bilateral pars defects resulting in marked narrowing of both neural foramina with partial effacement of perineural fat. L2-L3, L3-L4, and L4-L5 have mild disc degeneration with 1-3mm circumferential bulges and left facet arthropathy causing mild diffuse left foraminal narrowing. The treatment to date has included medications, physical therapy, acupuncture, lumbar facet joint injections, and lumbar spine surgery. The utilization review dated December 13, 2013 denied the request for Flector patches 1.3% patch since the guidelines do not support the use of this medication for treatment of the spine, hip or shoulder osteoarthritis pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES 1.3%: 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), Pain chapter, Flector Patch.

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

Decision rationale: According to page 112 of CA MTUS Chronic Pain Medical Treatment Guidelines states that diclofenac is indicated for relief of osteoarthritis, however, it has not been evaluated for treatment of the spine, hip, or shoulder. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. It is FDA recommended for acute sprain, strains and contusions. In this case, the patient has chronic low back pain. The patient has been using Flector patches since September 2013. There is no documentation of specific and significant functional improvements derived from the use of Flector patches. There is no discussion concerning failure of oral medications. The patient has been prescribed Celebrex,with concomitant use of Flector patches. Moreover, the guidelines do not support its use for treatment of the spine. Furthermore, the quantity of the present request is not specified. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flector patches 1.3% is not medically necessary.