

Case Number:	CM14-0105896		
Date Assigned:	07/30/2014	Date of Injury:	02/03/2010
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 62-year-old male who reported an injury on 02/03/2010. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, status post lumbar fusion, lumbar spine stenosis, diabetes mellitus, insomnia, coronary artery disease, and status post hardware removal on 09/20/2013. The injured worker was evaluated on 06/10/2014 with complaints of persistent lower back pain with right lower extremity radiation and insomnia. Physical examination revealed spasm, tenderness to palpation, limited lumbar range of motion, and increased pain with flexion and extension. Treatment recommendations at that time included continuation of the current medication regimen, including flector 1.3% patch, Percocet 10/325 mg, Ambien 10 mg, aspirin 81 mg, Lantus insulin, Lisinopril 20 mg, and Vytorin 10/40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Flector Patch.

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

Decision rationale: California MTUS Guidelines state topical diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for the treatment of the spine, hip, or shoulder. Therefore, the current request cannot be determined as medically appropriate. The injured worker has also utilized this medication since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.