

Case Number:	CM14-0012558		
Date Assigned:	06/11/2014	Date of Injury:	03/26/2012
Decision Date:	08/13/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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 59-year-old female with a date of injury on 03/26/2012. The injury was caused by the injured worker coming down a ladder in a storeroom when she slipped off and missed the bottom 2 rungs. She twisted her ankle and struck her back on the lower metal bar. The injured worker had an examination on 01/13/2014 with complaints of low back pain. She did complain of some radiation going down to the right leg, and when she lies down and twists, it causes her increased pain. The injured worker has had a history of stretching and walking exercises, medications, physical therapy, chiropractic therapy, epidural injections, and acupuncture, all with reported moderate effect but not lasting long. The physical examination showed that she complained of a score of 4/10 on the VAS pain score. She did have full 5/5 strength noted and the injured worker was able to squat and stand. The injured worker had negative bilateral straight leg raise tests. The medication list consisted of atorvastatin, hydrochlorothiazide, ibuprofen, metoprolol, Salonpas pain relief, and tizanidine. The diagnosis consisted of low back pain. The recommendation of plan of treatment was for her to have a new MRI study, as the last 1 was done on 07/25/2012, and to start the Flector patches. The Request for Authorization for the Flector patches was not provided, nor was the rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCHES: Upheld

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

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

Decision rationale: The request for Flector patches is not medically necessary. The injured worker complains of back pain. She has had previous stretching and walking exercises with medications, physical therapy, chiropractic, epidural, and acupuncture previously with only moderate efficacy and not lasting for very long in duration. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or a drug class that is not recommended. The efficacy of clinical trials for nonsteroidal anti-inflammatory agents has been inconsistent and small and short in duration. The Flector patches do contain diclofenac, which is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, for instance for her ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for the treatment of the spine or the hip or the shoulders. The request does not have the dosage provided, nor does it have the duration or the frequency or the body part as to where the patch is to be placed. Therefore, the request for the Flector patches is not medically necessary.