

Case Number:	CM14-0122550		
Date Assigned:	09/16/2014	Date of Injury:	02/26/2004
Decision Date:	12/10/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Neurology; has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

5/30/14 note indicates pain in the low back and bilateral buttock area. Medications are reported to help the insured function. The insured uses flector patch on the low back. Medications also include suboxone, Cymbalta, ambien, flexeril, and Zofran. Examination notes tenderness across the lower lumbar region bilaterally. There is limited range of motion mildly in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12 hour patch apply 1 patch 2 x day Qty: 60: Upheld

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

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

Decision rationale: The medical records do not indicate intolerance or ineffectiveness of oral NSAID therapy or indicate a neuropathic pain condition. MTUS Guidelines do not support topical use of analgesics or combination topical analgesics for the control of musculoskeletal pain. Flector patch is FDA indicated for treatment of peripheral joint pain, not axial pain. As the medical records report axial pain for which the medication is being recommended and MTUS

does not support use of topical NSAIDS for axial pain, the medical records do not support a medical necessity for the treatment.