

Case Number:	CM14-0128122		
Date Assigned:	08/15/2014	Date of Injury:	01/20/2005
Decision Date:	09/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Orthopedic Surgery, 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 records presented for review, indicate that this 66-year-old female was reportedly injured on 1/20/2005. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of low back pain that radiated in the right lower extremity. The physical examination demonstrated lumbar spine had a straight leg raise that was positive on the left. Spasm was noted in the lumbar spine. Dorsiflexion strength was 4/5 on the right. Extensor Halluces longus muscle strength was 4/5 bilaterally. Diagnostic imaging studies included MRI of the lumbar spine, dated 5/15/2014, which revealed L3-L4 left foraminal disc extrusion with mild to moderate facet arthrosis, bilateral foraminal stenosis, L3 radiculopathy and L4-L5 and L5-S1 bilateral foraminal stenoses. Previous treatment included medications and conservative treatment. A request had been made for Flector patch 1.3% #60 with 5 refills and was not certified in the pre-authorization process on 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector patch 1.3% #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines, Pain (Chronic).

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

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". As such, this request is not medically necessary.