

Case Number:	CM14-0144331		
Date Assigned:	09/12/2014	Date of Injury:	09/01/1997
Decision Date:	11/18/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family practice and is licensed to practice in Ohio. 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 58-year-old male who stated date of injury was 9-1-1997. He has had three back surgeries previously resulting in fusion of L3-L5 and he has had a spinal cord stimulator implanted as well. He has had ongoing back pain with unspecified numbness. His physical exam has revealed diminish lumbar range of motion, tenderness to palpation of the lumbar paraspinal musculature and sacroiliac joints, and a positive straight leg raise test on the left. He has been treated recently with physical therapy, opioids, oral and topical anti-inflammatories, antidepressants, and anticonvulsants. His diagnoses include post laminectomy syndrome, failed back syndrome, lumbar radiculopathy, and depression. He is also being treated for hip pain that is felt to be non-industrial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30 Rx 07/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: Studies have shown that the effectiveness for topical anti-inflammatories such as the Flector patch have been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical anti-inflammatories have not been shown to be effective for neuropathic pain. In this instance, although not specified it seems that the Flector patch is likely being applied over the injured worker's lower back. Because there is no evidence to suggest that this modality is effective for osteoarthritis of the spine or for neuropathic pain, Flector 1.3% patch #30 Rx 07/17/2014 is not medically necessary and appropriate.