

Case Number:	CM14-0171498		
Date Assigned:	10/23/2014	Date of Injury:	08/04/2008
Decision Date:	11/21/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 53 year old male who sustained a work related injury on 08/04/2008 as result of feeling a 'pop' in his back when lifting a box of melons and felt immediate pain in his back and down into his legs. The patient continues to complaint of lower back pain and recently underwent a transforaminal epidural injection on 09/10/14. His pain is rated as 7/10 and radiating into the his left leg. On examination he had reduced lumbar range of motion, a positive seated straight leg right right (negative left). Strength testing identifies 2/5 left ankle dorsiflexion, 4/5 left knee flexors, where as right strength is 5/5 at both locations. A Lumbar MRI dated April 16, 2013 identifies multi level L1-S1 disc bulging / invertebral disc disease with effacement of the anterior theca sac at most levels. There is mild to moderate facet arthropathy with mild central canal stenosis and narrowing of the lateral recesses and mild bilateral foraminal stenosis at L3-4, where as at L1-2 and L5-S1 there is mild facet arthropathy. The patient is utilizing NSAID's and muscle relaxants for discomfort relief. In dispute is a decision for Flector patch 1.3%, 2 boxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%, 2 boxes: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Int J Clin Pract. Oct 2010;64(11): 1546-1553. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2984542/>

Decision rationale: A meta-analysis in 2004 by Mason et al. showed topical NSAIDs to be effective and safe in treating acute painful conditions for 1 week. This systemic review of 26 double-blind, placebo-controlled trials showed clinically significant efficacy in 19 of 26 trials, with a pooled relative benefit of 1.6 and number needed to treat of 3.8 vs. placebo to achieve an outcome of approximately 50% reduction in pain at 7 days. The efficacy of DETP has been demonstrated in a number of studies for the treatment of strains and sprains. Overall, treatment was associated with a 61% reduction in pain on pressure and a 60% reduction in spontaneous pain. Topical NSAIDs may have potential advantages when compared with oral NSAIDs. Several studies demonstrate that, perhaps because of low systemic concentrations, topical NSAIDs have a reduced risk of upper GI complications such as gastric and peptic ulcers, and GI nuisance symptoms such as dyspepsia, as well as a lack of drug-drug interactions, which leads to minimal side effects in general. The ease of use of a topical NSAID, as well as the subjective benefit associated with applying a topical preparation to a painful site, may result in better acceptance by patients and a possible increase in compliance. One of the topical NSAID formulations approved in the United States is the DETP. In contrast to other conventional formulations (e.g. creams, gels), DETP provides a defined dose to a defined area of skin for 12 h, requiring twice per day application. DETP has recently been approved for use in the United States for the topical treatment of acute pain caused by minor strains, sprains and contusions. Because of the listed reasons above, the requested medication is medically necessary to assist in providing pain relief for the patient's lumbar disc degeneration with myelopathy.