

Case Number:	CM14-0172176		
Date Assigned:	10/23/2014	Date of Injury:	02/21/2013
Decision Date:	11/21/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 a 68-year-old male who developed back pain in the course of his employment as an assistant manager after cleaning out an office and unloading air conditioning units weighing approximately 80 pounds. The injured worker was later diagnosed as lumbar facet syndrome and also spasm. As of September 5, 2014 the worker's symptoms included no change in the location of the pain and poor sleep. and the examination findings included restricted lumbar flexion to 80 and extension to 15 with tenderness in the paravertebral muscles bilaterally and a positive facet loading bilaterally with tenderness over the bilateral quadratus lumborum. An MRI scan on October 7, 2013 demonstrated annular disc bulging with facet hypertrophy, bilateral recess and canal narrowing/stenosis at L3-4 as well as disc bulging at L2-3. There was degenerative disc disease at L4-5 with some moderate central canal narrowing and mild/moderate bilateral foraminal narrowing superimposed on congenital stenosis. The worker was treated with physical therapy, medications and bilateral L3-L5 medial branch blocks on August 27, 2014. These blocks resulted in reduced pain levels from 10-2/10. Medication treatment included daily Flector patch starting in August 2014. The worker did not tolerate the use of narcotic medications or Ultram for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 patches of Flector 1.3%: Upheld

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

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

Decision rationale: According to the MTUS, topical NSAIDs, including Flector patch and Voltaren Gel, may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine and this medication has not been evaluated for treatment of the spine. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The request for Flector patch, 30 patches, is not medically necessary or appropriate because this medication has not been evaluated for treatment of the spine.