

Case Number:	CM14-0172434		
Date Assigned:	10/23/2014	Date of Injury:	07/01/2003
Decision Date:	12/03/2014	UR Denial Date:	09/16/2014
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 Anesthesia, has a subspecialty in Pain Medicine and Acupuncture 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:

41year old male injured worker with a date of injury of 7/1/03 with related low back pain and bilateral leg pain. Per progress report dated 9/15/14, the injured worker was status post bilateral L4 and L5 radiofrequency rhizotomy on 7/28/14 which provided at least 70% pain relief and was still ongoing. He presented with low back pain radiating to his right leg. He reported numbness in his left leg. He reported that without medications his pain was 7-8/10 and with medications 3-4/10 in intensity. Per physical exam, there was tenderness to palpation over the paraspinal musculature and sacroiliac joint. Straight leg raising test was positive bilaterally. Dysesthesia was noted about the lateral right leg from hip to heel and hypoesthesia of the left leg and foot. Treatment to date has included physical therapy, injections, rhizotomy, and medication management. The date of UR decision was 9/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Flector patches 1%, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS Chronic Pain Medical Treatment Guidelines states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The documentation submitted for review indicates that the injured worker's leg pain is neuropathic in nature. There was no diagnosis of osteoarthritis or tendinitis. As such, the request is not medically necessary.