MAXIMUS Federal Services

Case Number:	CM14-0020259		
Date Assigned:	02/21/2014	Date of Injury:	10/19/2011
Decision Date:	06/26/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 52 year old female who was injured on 10/19/2011. The diagnoses are low back pain and peroneal neuralgia. There are associated diagnoses of anxiety, depression, GERD and insomnia. The past surgery history is significant for L5-S1 microdiscectomy. The patient has completed physical therapy, peroneal nerve block and epidural steroid injections with significant pain relief. The EMG / NCS tests of the lower extremities did not show any significant abnormality. An MRI in 2013 was significant for degenerative disc disease, facet arthropathy and neural foraminal stenosis. On 12/16/13, the medications were Flector patch, Norco and Gabapentin 300mg for pain and Flexeril for muscle spasm. A urine drug screen report was negative for prescribed Hydrocodone and Cyclobenzaprine and positive for Gabapentin. A Utilization Review determination was rendered on 2/5/2014 recommending non certification for Flector 1.3% patches #60. .

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF FLECTOR 1.3% PATCHES, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-73; 111-113.

Decision rationale: The California MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant medications are ineffective or cannot be tolerated. Antidepressants are very effective when neuropathic pain is associated with significant psychosomatic symptoms such as depression, insomnia and anxiety. The use of gabapentin can have positive effect on mood, anxiety and sleep. In this case, the medical records shows that the dosage of gabapentin have not been optimized. The patient is being maintained at 300mg and not the recommended 1800 to 3600mg per day. The patient is not utilizing effective anidepressant medications. The urine drug screen was inconsistent with prescribed Hydrocodone and Cyclobenzaprine. There is no documentation that the patient have failed or cannot tolerate oral NSAIDs. Therefore, the request for Flector Patches 1.3%, #60 is not medically necessary and appropriate.