

Case Number:	CM14-0035264		
Date Assigned:	08/29/2014	Date of Injury:	11/06/1997
Decision Date:	10/02/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 Internal Medicine 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:

The injured worker is a 53 year old male who had a work related injury on 11/06/97, the mechanism of injury is not described. The most recent medical record submitted for review is dated 02/24/14. The injured worker remains symptomatic with severe neck pain that is aggravated by flexion, extension, and rotation. He continues to utilize Norco 10/325mg only for severe pain. He is utilizing this on average 2-3 times per week. He does note increasing pain in the cervical spine. He has ongoing lumbar spine pain. He denies any radicular symptoms into either the upper or lower extremities. He denies numbness, tingling, or weakness. The injured worker has been treated with chiropractic with some benefit. He feels that they help for several months at a time. He has undergone bilateral L4-5 and L5-S1 facet joint medial branch blocks with 30-40% improvement in low back pain. He has attended physical therapy visits for 6 times in 2013. He has been taught additional exercises to perform in a home exercise program. He has also self-procured acupuncture treatments, which he did not find beneficial. The pain is 3/10 with current medication usage. Without medication, he rates his pain as 6/10. Overall, he notes approximately 50% improvement in neck pain and low back pain with the use of current medications. His neck pain is currently aggravated which is limiting his cervical spine range of motion. He shows no evidence of drug seeking behavior. He is utilizing medications as prescribed. He has signed an opioid contract. Physical examination he is able to ambulate without any evidence of limp or list. He has bilateral cervical paraspinous tenderness. He has positive facet loading syndrome with extension and rotation of the cervical spine in the mid to lower cervical region. Negative Spurling's. Upper extremity exam the injured worker has 5/5 muscle strength in both upper extremities. Diagnosis is cervical spine sprain/strain with evidence of cervical disc disease; cervical spondylosis without myelopathy, cervical facet arthropathy seen on most recent MRI dated 05/10/13; cervicogenic headaches and lumbar

spondylosis with facet arthropathy. Prior utilization review on 03/05/14 was non-certified. Current request is for Flector patches 1.3% #60 and Ketoprofen/Gabapentin/Lidocaine compounded rub dosage and quantity unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3 % #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patch.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drugs (NSAIDs) or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such, the request is not medically necessary.

Ketoprofen/ Gabapentin/ and Lidocaine compounded rub (dosage & quantity unknown):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Gabapentin and lidocaine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, this request is not medically necessary.

