MAXIMUS Federal Services

Case Number:	CM14-0040513		
Date Assigned:	06/20/2014	Date of Injury:	02/21/2013
Decision Date:	07/17/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 67 year old male who reported an injury on 02/21/2012 due to unknown mechanism. The injured worker complained if constant pain 8/10 to low back that is aggravated by walking, standing and sitting. On physical exam dated on dated 02/27/2014, there was tenderness to palpation over the spinous process from T12 down to the sacrum, range of motion, lateral bend at 20 degrees, backward extension at 15 degrees, and forward flexion at the waist is at 70 degrees. The injured worker complains of increased low back pain with motion to all planes. The medications not submitted with documentation. The injured worker diagnoses are chronic low back pain. The injured workers treatments/diagnostics x-rays dated 02/27/2014 and revealed some slight loss of disc space at L2-3 and minimal to slight loss at L4. MRI of lumbar dated 10/07/2013, revealed a slight disc bulge at L4-5 and a moderate left foraminal with mild to moderate bilateral foraminal stenosis. The treatment plan was for flector 1.3% patches. The authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Flector 1.3% patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Pain, Topical analgesics.

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

Decision rationale: The request for 30 flector 1.3% patches between 03/03/2014 and 04/17/2014 is not medically necessary. The California Medical Utilization Schedule (MTUS) Chronic guidelines recommends as an option, non-steroidal anti-inflammatory agents during the first two weeks of treatment has been shown to be superior, recommended for short term use 4-12 weeks. The injured worker has no supportive or clinical documentation of pain for the requested period 03/03/32014 to 04/14/2014 as such the request is not medically necessary.