

Case Number:	CM14-0040996		
Date Assigned:	06/27/2014	Date of Injury:	02/21/2013
Decision Date:	08/18/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 68 year old male who had a work related injury on 02/21/13. He injured his back while cleaning out his office. He was initially diagnosed with lower back strain. The most recent medical records submitted for review dated 03/21/14, the injured worker complained of back pain radiating from his lower back down both legs, with ambulation. Pain level has increased since last visit. Quality of sleep is poor. He denies any new injuries since last visit. The injured worker states that he has used samples of Flector patches, noting 20% reduction in pain with that use. The injured worker states he would use the Flector patch for flare ups. The injured worker notes he has been trying to exercise walking his dog. Current medication Dilaudid, Dexilant, Ibuprofen, Flector patch, Amlodipine, Lisinopril, Omeprazole, Welchol, Triamterene, Hydrochlorothiazide. Physical examination mildly obese. No acute distress. Ambulates without a device. Gait is normal. Thoracic spine there is normal curvature of the thoracic spine. Full flexion, extension, and lateral bending are noted. His spinous processes are non-tender to palpation at percussion. There is no midline shift. The paraspinal muscles are without tenderness, increased tone or appreciable trigger points. Lumbar spine, no scoliosis, asymmetry or abnormal curvature noted on inspection of the lumbar spine. Range of motion is restricted with flexion, extension, and right lateral bending, and left lateral bending. Tenderness is noted in both sides of the paravertebral muscles. Heel and toe walk are normal. Lumbar facet loading is positive on both sides. Straight leg raising test is negative. Babinski's sign is negative. All lower extremity reflexes are equal and symmetric. Tenderness noted over the bilateral quadratus lumborum. Motor examination reveals normal tone, and power of the muscles. Sensory exam reveals normal touch, pain, temperature, deep pressure, vibration, tactile localization, and tactile discrimination. Reflexes in the upper and lower extremities respond

normally to reflex examination. Prior utilization review dated 04/02/14 non-certified the Flector patch.

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 Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter, flector patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, topical analgesics.

Decision rationale: The request for 30 flector 1.3% patches is not medically necessary. The current evidence based guidelines do not support the request for flector patch. Indicated for acute strains, sprains, and contusions. The injured worker has been symptomatic since 02/21/13; therefore the request is not medically necessary.