MAXIMUS Federal Services

Case Number:	CM14-0043372		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2000
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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, 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 39-year-old female with a reported date of injury on 11/04/1999. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbar degenerative disc disease, neck sprain/strain, thoracic outlet syndrome, and reflex sympathetic dystrophy. Her previous treatments were noted to include chiropractic care, physical therapy, and medications. The progress note dated 01/29/2014 revealed the injured worker reported an increase in muscle spasms and pain. The physical examination revealed normal palpation and tenderness. There was bilateral paracervical tenderness right greater than left at C7-8. There was decreased range of motion and a negative Spurling's maneuver. There was abnormal tenderness to palpation to L4-5. There was decreased range of motion noted to the lumbar spine. There was a negative straight leg raise noted. The motor strength examination was rated 5/5 and the light touch sensory examination was decreased to the right upper extremity. Her medications were noted to include topical gaba/lido/keto gel twice a day, Topamax 100 mg tablets 3 by mouth at bedtime, OxyContin 80 mg XR 12-hour tablets 2 to 3 twice a day, flector 1.3% patch 1 twice a day, trazodone 50 mg tablets 2 at bedtime, and Flexeril 10 mg 1 to 2 twice a day. The provider reported the injured worker stated medication reduced her pain by 50% and without medications she cannot function at all and with medications she can performed activities of daily living, take care of her son, and participate in family activities. The progress note dated 01/29/2014 was for flector 1.3% patch #60 with 1 refill; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedures Summary.

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy of clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies on their effectiveness or safety. The guideline's indications for topical NSAIDs is osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The FDA-approved topical NSAID is Voltaren gel 1% indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (such as the ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The injured worker does not have a diagnosis of osteoarthritis and her pain is generated around her cervical and lumbar spine which is not approved by guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.