

Case Number:	CM14-0048453		
Date Assigned:	06/25/2014	Date of Injury:	02/21/2013
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 2/21/13. He was seen by his primary treating physician on 2/21/14 with complaints of low back pain. His activity and location of pain were the same since last visits. His medications were working with no side effects. He was taking ibuprofen, which was somewhat helpful per the records. He was also taking Dilaudid and Dexilant for pain. The length of therapy is not documented in the note. He had a history of elevated liver enzymes in the past 8 months. His physical exam showed normal gait. His lumbar spine showed restricted range of motion in all planes with paravertebral tenderness. He had positive lumbar facet loading bilaterally and negative straight leg raises. His reflexes were equal and symmetric. His motor and sensory exam was normal. His diagnoses included lumbar facet syndrome, low back pain and spasm of muscle. At issue in this review is the request for a Flector patch for topical pain. The other medications including ibuprofen were discontinued due to elevated liver enzymes.

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, between 3/11/2014-4/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The records do not substantiate the medical necessity for topical flurbiprofen, as there is little evidence to support its treatment in osteoarthritis of the spine, hip or shoulder. Additionally, if ibuprofen (oral NSAID) was discontinued due to elevated liver enzymes, topical NSAID can also be absorbed and would not be indicated either. Regarding Flector patches in this injured worker, the records do not provide clinical evidence to support medical necessity.