

Case Number:	CM14-0053754		
Date Assigned:	07/09/2014	Date of Injury:	02/09/2010
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/22/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 52 year old female who had a work related injury on 02/09/10. The injured worker was pulling a pallet and fell approximately 13 feet from the 4th floor to the 3rd floor of a building, landing on a rail on her right side concluding to pain in her upper and lower back. Past treatments pain medication, physical therapy, massage, chiropractic therapy as improving her condition. Exercise program and nerve blocks are having no change in her condition. The injured worker has also had medication trial including Aleve, Naproxen and Soma. The most recent documentation submitted for review is dated 02/07/14. The injured worker was complaining of low back pain that occurs across the upper to lower lumbar region. It is intermittent and occurs daily. It is present about 50% of the day. Average pain without medication was 7/10 in severity, with medication it is a 5/10 in severity. Currently she only takes Aleve for pain. Back pain is worse with frequent bending at the right waist as well as prolonged sitting and standing but is better with therapy and a transcutaneous electrical nerve stimulation unit. She states that sometimes the pain will radiate down the right or left leg. There are no reports of magnetic resonance image or diagnostic studies submitted for review. Physical examination ambulates with a non-antalgic gait. Back range of motion reveals forward flexion of 80 degrees, extension 20 degrees, tilting to the left was 20 degrees and tilting to the right 30 degrees. Lower extremity range of motion is within functional limits. Lower extremity strength is 5/5 on the right and the left is 5/5. 2+ reflexes at her knees and ankles on the right and left side. Light touch sensation in the lower extremities is intact. Fabre test on the right was with mild restriction with midline low back pain. Fabre test on the left showed moderate restriction with mild mid lower back pain. Straight leg raise on the right and left side was 80 degrees without back pain. Tenderness to palpation towards the spinous process and paraspinal muscles over the mid to lower lumbar spine. Diagnoses mechanical low back pain, discogenic low back

pain with annular fissure at the L5-S1 disc and Hepatitis C with a history of intravenous drug use. Prior utilization review on 04/14/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3 percent #60 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The request for Flector Patch 1.3 percent #60 Refill: 1 is not medically necessary. The clinical documentation submitted for review does not support the request for Flector patch. She does have chronic liver failure with hepatitis C and prior intravenous drug abuse history. On 12/07/09 the Food and Drug Administration issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. As such, medical necessity has not been established.