

Case Number:	CM14-0055013		
Date Assigned:	07/07/2014	Date of Injury:	07/29/2005
Decision Date:	08/07/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Management, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 07/29/05. Based on the 09/23/13 progress report provided by the treating physician, the patient presents for a medical reevaluation regarding her lumbar post laminectomy syndrome status post left L4-5 microdiscectomy, chronic bilateral lower extremity radiculopathy, regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. She has increased back and leg pain which has been associated with an increase in numbness and a cramping sensation in both lower extremities. The patient's diagnoses include the following, post laminectomy syndrome- lumbar, depressive disorder nec and sychogenic pain nec. The treating physician is requesting for Flector 1.3% transdermal patch, #60 with 5 refills. The treating physician is the requesting provider, and he provided three treatment reports from 06/26/13, 09/23/13, 04/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal patch, #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams(chronic pain section); Medications for chronic pain Page(s): 111; 60,61.

Decision rationale: According to the 09/23/13 report by the treating physician, the patient presents with increased back and leg pain which has been associated with an increase in numbness and a cramping sensation in both lower extremities. The request is for Flector 1.3% transdermal patch, #60 with 5 refills. The patient has been using Flector patches as early as 06/26/13. The 06/26/13 report says that The patient states she is taking her medications as prescribed. She still has pain symptoms on a continuous basis, but they are alleviated somewhat by current meds. However, there are no discussion regarding how the Flector patches specifically impacted the patient's pain and function. Regarding topical agents, MTUS states, There is little to no research to support the use of many of these agents. For topical NSAIDs, the indications are for peripheral joint arthritis/tendinitis for typically short-term use. This patient does not present with such diagnosis(es). Furthermore, There is no mention regarding how Flector patches may have helped this patient since it's use 06/26/13. The MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial. As such, the request is not medically necessary.