

Case Number:	CM14-0058868		
Date Assigned:	07/09/2014	Date of Injury:	09/14/2011
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational 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 patient is a 64 year-old female with date of injury 09/14/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/06/2014, lists subjective complaints as pain in the mid back that extends down to the lower back. On exam, the patient had full range of motion in the thoracic and lumbar spine, and good strength in the lower extremities. Reflexes were normal and symmetric. The patient was very tender along the thoracic and lumbar paraspinals, right greater than left. The diagnoses are T11-L1 disc extrusion with caudal migration, internal disc derangement, and overlying myofascial pain. Previous treatments include trigger point injections, epidural steroid injections, myofascial release therapy, physical therapy, and self-directed aqua therapy; none providing lasting improvement in symptoms. The patient had previously used Lidoderm patches, but discontinued after they caused a significant skin reaction. The medical records provided for review document that the patient had not been prescribed Flector patches until the request for authorization on 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Flector Patches 1.3%: 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: According to the MTUS, Flector patches are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Flector patches are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The Flector patches were prescribed for lumbar pain and are not recommended. Therefore, this request is not medically necessary.