

Case Number:	CM14-0066105		
Date Assigned:	07/11/2014	Date of Injury:	01/09/2013
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 Internal 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 62-year-old female who reported an injury on 01/09/2013. The mechanism of injury was not provided. On 05/09/2014, the injured worker presented with pain in the thoracic and lumbar spine. Upon examination there was decreased flexion and extension, tenderness to palpation of the thoracic spine, and some tenderness over the paraspinal muscles. There was a positive straight leg raise to the left with low back pain radiating down the leg. The diagnoses were strain of the thoracic and strain of the lumbosacral. Prior treatment included medications. The provider recommended Flector patches with a quantity of 30, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

Decision rationale: California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Topical non-steroidal anti-inflammatory drug (NSAIDs) are recommended for osteoarthritis and tendonitis, in particular, that of the knee or elbow or other joints that are amenable to topical treatment. The recommended treatment period is for 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. No provided documentation does not indicate that the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical NSAIDs. Additionally, the provider does not indicate the dose or the frequency of the Flector patches or indicate the site that the Flector patches was intended for. As such, the request is not medically necessary.