

Case Number:	CM14-0068225		
Date Assigned:	07/14/2014	Date of Injury:	05/12/1997
Decision Date:	08/13/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 05/12/1997. The mechanism of injury was not provided. On 05/07/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was tenderness about the lower lumbar paravertebral musculature and predominantly left paravertebral musculature. She ambulated with the aid of a cane. Prior treatment included medication, physical therapy, and home exercise. The diagnoses were multilevel lumbar disc herniations with lumbar facet syndrome L5-S1, left hip greater trochanter bursitis, lumbar radiculopathy, status post right rotator cuff repair, chronic cervical myofascial pain, peripheral neuropathy, and diabetes. The provider recommended Flector patches every 12 hours with a quantity of 180. 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 every 12 hours Quantity: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, Flector Patch.

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

Decision rationale: The request for Flector patches every 12 hours quantity: 180 is not medically necessary. The 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. The Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee, elbow, or other joints that are amenable to topical treatment. It is recommended for short-term 4 to 12 week use. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The provided documentation lack evidence of the injured worker with a diagnosis that would be congruent with the Guideline recommendations of topical NSAIDs. Additionally, the provider's request does not indicate the dose of the Flector patches or the site they are indicated for. As such, the request for Flector patches every 12 hours quantity: 180 is not medically necessary.