

Case Number:	CM14-0086499		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2009
Decision Date:	09/09/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 04/30/2009. The mechanism of injury was not provided. On 11/18/2013, the injured worker presented with neck and lower back pain. Current medications include: Zyrtec, Hydrochlorothiazide, Omeprazole, Norco, Flector, Lidoderm, Ibuprofen, Rituxan, Levoxyl and Simvastatin. Diagnostic studies included an MRI of the cervical spine that revealed a disc bulge at C5-C6 and C6-C7 with annular tear and an MRI of the lumbar spine that revealed multi-level disc bulge with an annular tear at L3-L4, L4-L5 and L5-S1. Upon examination of the cervical spine there was tenderness to the midline over the spinous process of C5-C6 and paracervical muscles were sore and tense. There is painful range of motion and complaints of increased burning sensation in the first and second fingers with neck movement especially flexion. The examination of the lumbar spine noted a positive bilateral straight leg raise, muscle spasm noted over the paraspinal muscles with tightness present bilaterally and midline tenderness at the L3-L4 and L4-L5. There is positive facet loading bilaterally and tenderness over the sciatic notch. The diagnoses were displacement of the cervical intravertebral disc without myelopathy, disc displacement with radiculitis, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, chronic pain syndrome and unspecified hypothyroidism. The provider recommended a Flector Patch, the provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3%, count 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Flector Patch 1.3% with a count of 60 is medically not necessary. The California MTUS Guidelines state transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia 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 NSAIDS are recommended for osteoarthritis and tendonitis in particular that or the knee, elbow and all other joints amenable to topical treatment. It is recommended for a short term use between 4 to 12 weeks. There is lack of evidence that the injured worker has a diagnosis concurrent with guideline recommendation of topical NSAIDS. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is medically not necessary.