MAXIMUS Federal Services

Case Number:	CM14-0086868		
Date Assigned:	07/23/2014	Date of Injury:	08/15/2007
Decision Date:	09/23/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/10/2014

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 & 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 51-year-old male who reported an injury on 08/15/2007. The mechanism of injury was not provided. On 01/29/2014, the injured worker presented with severe back pain radiating down the left leg. Current medications included glyburide, Trilipix, metoprolol, niacin, lisinopril, Pristiq, and baby aspirin. Upon examination, the injured worker had no swelling in feet or ankles or no pitting or nonpitting edema appreciated. The injured worker was alert and oriented times 4 with intact cranial nerves 2 through 7. Deep tendon reflexes were 1+ at the patellar and 2+ at the biceps and brachioradialis. There was occasional myalgia to the back. The diagnoses were lumbar radiculopathy, hypertriglyceridemia, L5-S1 disc herniation, and diabetes type II mellitus. The provider recommended Flector 1.3%, 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 1.3% FU #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 to 113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: The request for Flector 1.3% FU with a quantity of 60 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 or 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 tendonitis, in particular that of the knee or elbow or other joints that are amenable to topical treatment. It is recommended for 4 to 12 weeks of use. There is a lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendations for topical NSAIDs. Additionally, there is a lack of documentation of a failed trial of an antidepressant or anticonvulsant. The provider's request does not indicate the site that the Flector is indicated for, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.