

Case Number:	CM14-0099414		
Date Assigned:	07/28/2014	Date of Injury:	11/04/2001
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 underlying date of injury in this case is 11/04/2001. The patient's treating diagnoses include lumbar postlaminectomy syndrome and myalgia/myositis. As of 04/01/2014, the patient was seen in followup for pain management. The patient was using fentanyl patches as well as hydrocodone for pain management. Interventional pain management had produced flare ups of pain and thus was not planned for continuation. The patient was also continued on a Flector Patch for ongoing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, state that the efficacy of topical anti-inflammatory medications has been inconsistent and most studies are small and of short

duration. This guideline specifically notes that topical diclofenac has not been evaluated for the treatment of the spine. Overall, the guidelines do not provide a rationale to anticipate benefit from the requested Flector Patch, nor do the medical records provide an alternate rationale regarding an indication or benefit from this treatment. This request is not medically necessary.