

Case Number:	CM14-0172304		
Date Assigned:	12/15/2014	Date of Injury:	02/11/1996
Decision Date:	01/21/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Interventional Spine 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 with an injury date of 02/11/1996. Based on the 04/15/2014 progress report, the injured worker complains of having persistent low back pain, which increases with activities involving bending, light common housework, bending forward, scrubbing the toilet, or getting dishes out of the dishwasher. She uses a back brace when performing cleaning or other significant activities. She continues to have pain in the lower left leg with sensitivity that does increase at night. The injured worker also has an incidental mass in the left medial elbow. The 05/13/2014 report indicates that the injured worker is having more pain in the left hip. No further exam findings were provided on this report. The 06/17/2014 report states that the injured worker has low back pain and left hip pain. The low back pain extends to the left hip. The injured worker has difficulty sleeping at night due to the low back pain and as a result is tired throughout the day. She is able to perform light housework. In regards to the lower back, there are taut muscle bands in the lumbar paraspinal musculature with limited range of motion. Straight leg raise is positive on the left and there is allodynia remaining over the right foot. The injured worker's diagnoses include the following: Status post L4-L5 and L5-S1 revision fusion with instrumentation. Severe degeneration at L1-L2 and L2-L3 with mild stenosis at L3-L4. Left lower extremity complex regional pain syndrome. Right foot neuropathic symptoms, complex regional pain syndrome versus radicular. Status post implantation of Medtronic Restore Ultra reprogrammable and rechargeable generator. The utilization review determination being challenged is dated 10/07/2014. There were three treatment reports provided from 04/15/2014, 05/13/2014, and 06/17/2014.

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 Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Page(s): 111-113.

Decision rationale: Based on the 06/17/2014 progress report, the injured worker presents with low back pain, which extends to the left hip. The request is for Flector patches #30. The injured worker has been using Flector patches as early as 04/15/2014. Regarding topical NSAIDs, MTUS topical analgesics, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The 04/15/2014 report states, "Her medications are significantly helpful and enables her to continue her activity level, which she states being quite active. She takes Flector patch, uses in the low back and over the trochanteric bursa area and this is found to be the most helpful." The 05/13/2014 report states, "She had recently increased her Flector prior to last visit to 2 per day and has found to be most significant in improvement of her pain. However, she was counseled that was 100% more dosage of Flector patch than prescribed. However, it did show that the current symptoms are related to inflammation end process." The 06/17/2014 report states, "She has decreased the use of Flector patch and only using once as prescribed. She states that the current symptom related to the inflammation has slightly increased as a result." The 06/17/2014 report indicates that the injured worker's diagnoses include the following: Severe degeneration at L1-L2 and L2-L3 with mild stenosis at L3-L4, left lower extremity complex regional pain syndrome, and low back pain which goes down to her hip. Flector patches are not indicated for injured workers with neuropathic pain, as the injured worker does have a mild stenosis at L3-L4 and low back pain going down to the hip. Furthermore, this medication is indicated for osteoarthritis/tendinitis which the injured worker does not present with. Due to lack of support from MTUS Guidelines, the requested Flector patch is not medically necessary.