

<b>Case Number:</b>	CM14-0177627		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	10/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 2, 2011. In a Utilization Review Report dated October 26, 2014, the claims administrator failed to approve a request for Flector patches and a sacroiliac joint injection. The claims administrator referenced an October 16, 2014 progress note in its determination. The claims administrator did, it is incidentally noted, approve a request for Norco and Xanax on the same date. The applicant's attorney subsequently appealed. In a November 21, 2014 progress note, the applicant reported 5-6/10 low back pain, chronic, aching, and burning. The applicant contended that the medication reduced his pain complaints by 30 to 50%. The applicant had also alleged development of psychological stress. The applicant then stated, in another section of the report, that her chronic pain complaints were interfering with performance of activities of daily living. Norco, Xanax, and a left trochanteric bursa injection were endorsed. In a November 24, 2014 progress note, the applicant reported 6-7/10 low back and hip pain. The applicant was off of work, it was acknowledged. The applicant attributed much of her complaints to an allegedly hostile work environment. The applicant was on Norco, Xanax, Robaxin, and Prozac, it was stated. The applicant received manipulative therapy and electrical muscle stimulation on this occasion. In a January 12, 2015 progress note, the applicant received additional manipulative therapy, electrical stimulation, and ultrasound therapy. The attending provider again acknowledged that the applicant was off of work. In a December 18, 2014 RFA form, Norco and Xanax were refilled. The applicant was asked to pursue a medial branch block and a left trochanteric bursa block.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

**Decision rationale:** No, the request for Flector patches was not medically necessary, medically appropriate, or indicated here. Flector is a derivative of topical diclofenac/topical Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren has not been evaluated for issues involving the spine. Here, the applicant's primary pain generators was/is, in fact, the lumbar spine, a body part for which topical diclofenac/Voltaren/Flector has not been evaluated. Therefore, the request was not medically necessary.

**Right S1 Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, Low Back Chapter, Injections.

**Decision rationale:** Similarly, the proposed right sacroiliac (SI) injection was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended for chronic nonspecific low back pain, as was/is present here but, rather, should be reserved for applicants with some rheumatologically proven spondyloarthropathy involving or implicating the sacroiliac joints. Here, however, there was/is no mention of the applicant's having issues with a rheumatologically proven spondyloarthropathy implicating or involving the sacroiliac joints. Therefore, the request was not medically necessary.