

Case Number:	CM14-0188236		
Date Assigned:	11/18/2014	Date of Injury:	05/09/2007
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 55 year old female who was injured at work on 05/09/2007. He is reported to be complaining of 7-8/10 pain in the bilateral lower back, and left posterior lower extremity. The pain is intermittent, stabbing, throbbing, shooting and aching. It is associated with pins and needles sensations, numbness of the left foot and radiation shooting down the right flank. The pain decreases with medications, lying down, and ice; but it worsens with standing, sitting, walking, stooping and carrying. Additionally, the injured worker complains of sleeplessness, and depression. The physical examination revealed normal gait, limited range of motion, and tenderness to palpation of the paravertebral muscles, positive straight leg raise at 30 degrees, decreased sensations in the L4/5 and part of the L5/S1 areas. Also, examination revealed weakness of the left knee extensor and ankle dorsiflexors. The worker has been diagnosed of post Laminectomy Lumbar, Lumbar or thoracic radiculopathy. Treatments have included Skelaxin, Lyrica, Effexor XR, Flector 1.3% Transdermal patch, Trazodone, and Metoprolol Tartrate. At dispute is the request for Flector patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Flector patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 05/09/2007. The medical records provided indicate the diagnosis of post Laminectomy Lumbar, Lumbar or thoracic radiculopathy. Treatments have included Epidural steroid injection, Skelaxin, Lyrica, Effexor XR, Flector 1.3% Transdermal patch, Trazodone, and Metoprolol Tartrate. The medical records provided for review do not indicate a medical necessity for Flector patch#60. Flector patch is a topical Analgesic comprising of 1.3% Diclofenac. The MTUS recommends the use of Voltaren Gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). However, the guidelines noted that it has not been evaluated for treatment of the spine, hip or shoulder disorders. As it does not contain the FDA approved formulation and strength of Diclofenac, nor has it been evaluated for treatment of disorders of the spine, this topical Analgesic is not medically necessary and appropriate.