

Case Number:	CM14-0194158		
Date Assigned:	12/01/2014	Date of Injury:	06/22/2010
Decision Date:	01/14/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/19/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This 44 year old male sustained work related industrial injuries on June 22, 2010 while working as a metal worker. The mechanism of injury involved injury to back while lifting a cantilever. He subsequently complained of low back and lower extremity pain. The injured worker was diagnosed and treated for lumbar protrusions. Treatment consisted of radiographic imaging, laboratory studies, physical therapy, acupuncture, chiropractic treatment, lumbar surgery and periodic follow up visits. Per treating physician evaluation report dated March 14, 2014, the injured worker continued to complain of low back pain that radiated down to the bilateral posterolateral lower extremities and to the feet at L4-L5 and L5-S1 distributions. The injured worker reported that the pain was a constant 9/10. The injured worker also reported weakness, numbness and tingling in bilateral lower extremities. There was no radiographic imaging, acupuncture report or physical therapy report submitted for review. According to the treating physician report from March 14, 2014, objective findings revealed lumbar tenderness, marked paraspinal hypertonicity, myofascial trigger points at L3-S1 and a positive bilateral straight leg raise. The injured worker current diagnosis is post laminectomy syndrome. The Injured worker current work status was not included in review. The treating physician prescribed Flector 1.3% quantity 30 now under review. On October 30, 2014, Utilization Review evaluated the prescription for Flector 1.3% quantity 30 requested on October 16, 2014. Upon review of the clinical information, UR noncertified the request for Flector 1.3% quantity 30, noting the lack of proven efficacy according to California (MTUS) guidelines and the lack of clinical documentation to support intolerance to oral medications. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flector DIS 1.3% # 30 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The documentation indicates that the patient has chronic pain and has been using Flector long term even though this medication contains Diclofenac which is indicated for acute (not chronic) pain. The patient has back pain and topical NSAIDS are not indicated for the spine. The request for Flector DIS is not medically necessary or appropriate.