

Case Number:	CM14-0196987		
Date Assigned:	12/05/2014	Date of Injury:	08/29/2009
Decision Date:	01/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine 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:

This 29 year old female reportedly sustained a work related injury in August 2009 due to lifting that resulted in back pain with numbness and tingling in legs. Diagnoses include lumbago, spinal stenosis, chronic pain syndrome, insomnia, constipation and muscle spasms. Electrotherapy prescription dated October 6, 2014 provides the injured worker previously utilized Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and steroid injection but did not indicate effect. Progress note dated September 4, 2014 documents the injured worker has undergone facet joint, epidural and trigger point injections. Physical exam revealed tenderness on palpation of the spine. Follow up visit dated October 6, 2014 notes use of Flector patch twice daily, Flexeril 10mg twice daily and Tylenol #3 as needed twice daily and Neurontin 300mg twice daily. The record did not note functional improvement or change in condition from previous visit. On November 24, 2014 Utilization Review determined a request dated November 13, 2014 for Flector 1.3% patch #60 was determined to be non certified. Official Disability Guidelines (ODG) were used in the determination. Application for independent medical review is dated November 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Non-Steroidal Anti-Inflammatory Medic.

Decision rationale: The requested Flector 1.3% patch #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, pages 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has low back pain. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector 1.3% patch #60 is not medically necessary.