

Case Number:	CM14-0209866		
Date Assigned:	12/22/2014	Date of Injury:	09/16/2013
Decision Date:	02/24/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

32y/o female injured worker with date of injury 9/16/13 with related low back pain. Per progress report dated 11/5/14, the injured worker complained of constant low back pain which radiated to the right thigh. The injured worker's pain was accompanied by numbness occasionally in the right lower extremity to the level of the foot to the level of the toes. The injured worker described the pain as aching, dull, sharp, and moderate to severe in severity. Pain was rated 2-6/10 on average with medications, and 3-7/10 without. Per physical exam, tenderness was noted upon palpation in the bilateral paravertebral area L3-S1 levels. Sensory exam was within normal limits bilaterally. Motor exam was within normal limits in the bilateral lower extremities. Straight leg raise was positive bilaterally. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management and home exercise program. The date of UR decision was 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #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 (ODG), Flector Patch

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

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS Chronic Pain Medical Treatment Guidelines states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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)." The documentation submitted for review does not contain evidence of osteoarthritis or tendinitis. The request is not medically necessary.