

Case Number:	CM15-0003011		
Date Assigned:	01/13/2015	Date of Injury:	03/17/2010
Decision Date:	03/24/2015	UR Denial Date:	12/27/2014
Priority:	Standard	Application Received:	01/07/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 44-year-old male who reported an injury on 03/17/2010. The mechanism of injury was not specifically stated. The current diagnoses included displaced lumbar intervertebral disc, sciatica, neuralgia paresthetica and polyneuropathy and diabetes. The injured worker presented on 12/10/2014 with complaints of ongoing low back pain. The injured worker reported limitation with bending, twisting, standing and walking. It was also noted that the injured worker had been unable to return to work. The current medication regimen includes Flexeril 10 mg and Norco 10/325 mg. Upon examination of the lumbar spine there was spasm and guarding with range of motion, tenderness to palpation, limited flexion and extension, limited lateral bending, negative straight leg raise, 4/5 motor strength bilaterally and absent deep tendon reflexes. Recommendations included continuation of the current medication regimen. Voltaren 1.3% patches were also prescribed. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%, quantity 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac 1%, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the current request for Flector patch 1.3% for low back pain is not medically appropriate. There is also no frequency listed in the request. As such, the request is not medically appropriate at this time.