

Case Number:	CM15-0103495		
Date Assigned:	06/08/2015	Date of Injury:	10/05/2004
Decision Date:	07/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 10/5/04. She has reported initial complaints of a low back injury. The diagnoses have included lumbago, right sacroiliac joint dysfunction, muscle spasm, thoracic/lumbosacral neuritis/radiculitis, cervical degenerative disc disease (DDD), and post lumbar laminectomy syndrome. Treatment to date has included medications, activity modifications, diagnostics, surgery, injections, and physical therapy. Currently, as per the physician progress note dated 3/30/15, the injured worker complains of neck pain with numbness in forearms and hands and low back pain that radiates to the buttocks and right thigh with numbness in the shins bilaterally. The physical exam reveals that she walks with antalgic gait. There is tenderness over the sacroiliac joints bilaterally. There is positive thigh thrust bilaterally, right greater than left, positive pelvic compression test bilaterally, right greater than left, and positive Fortin's test bilaterally, right greater than left. The current medications included Anaprox, Xanax, Zanaflex, Zofran and Butrans patch. There is no previous urine drug screen noted in the records. The physician requested treatments included Pharmacy purchase of Flector 1.3% patch #60 and Pharmacy purchase of TN2 Cream for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Flector 1.3% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. Pain score response to the Flector is unknown. The Flector patch is not medically necessary.

Pharmacy purchase of TN2 Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical steroids such as triamcinolone is not specific for pain relief. Topical steroids are routinely used for dermatological interventions. The use, application and frequency was not specified. The request for TN2 cream is not medically necessary.