

Case Number:	CM15-0107809		
Date Assigned:	06/12/2015	Date of Injury:	02/09/2010
Decision Date:	07/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, 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 54 year old male, who sustained an industrial injury on 2/9/10. He reported pain in his lower back. The injured worker was diagnosed as having lumbar discogenic pain with radiation to left posterior leg, chronic radicular low back pain and lumbar facet syndrome. Treatment to date has included physical therapy, a lumbar MRI on 4/27/12 showing disc protrusion at L4-L5, a L5-S1 epidural injection and facet injection on 10/31/14 and a lumbar epidural injection at S1 in 11/2014 with greater than 50% relief. Current medications include Norco, Tizanidin, Gabapentin, Pantoprazole and Flector patches since at least 3/27/15. As of the PR2 dated 4/27/15, the injured worker reports continued low back pain radiating to the left buttock and left posterior leg. He rates his pain 6-7/10 without medications and 5/10 with medications. He is unable to take NSAIDs due to gastrointestinal side effects. Objective findings include tenderness in the lumbar paraspinal muscles and decreased range of motion. The treating physician requested Flector patches #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #15 per month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Chronic Pain - Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 07/15/15)Flector[®] 1/2 patch.

Decision rationale: Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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." Any intolerance or contraindication to oral medications was not specified in the records provided. Per the records provided evidence of neuropathic pain was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. In addition, according to the ODG guidelines, Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Flector patches #15 per month are not medically necessary for this patient.