

Case Number:	CM15-0135500		
Date Assigned:	07/23/2015	Date of Injury:	04/26/1993
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 04/26/1993. He has reported injury to the low back. The diagnoses have included lower back pain; lumbar radiculopathy; lumbar disc degeneration; and cervical spine degeneration. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, psychotherapy, and lumbar surgery. Medications have included Oxycodone, Oxycontin, Flector patch, Robaxin, Ibuprofen, Wellbutrin XL, Cymbalta, and Neurontin. A progress report from the treating physician, dated 05/12/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain which is worse; he is experiencing more numbness and tingling, worse on the left leg; weakness in the legs; he has had a few episodes of losing the strength in the legs and causing him to fall; the Flector patch is mostly being used for increased pain; OxyContin and Oxycodone reduce the level of his pain on a daily regimen; the pain is rated as a 9 on a scale of 0-10; and he rates his pain as 10 at its worst and 7 at its best. The injured worker has tried anti-inflammatories with no relief. Objective findings included his right shoulder to be tender on palpation; there was moderately severe radiation and tenderness present on the midline in the C5, C6, upper trapezius, shoulder and scapular area; decreased sensation to touch upon right extremity exam; tenderness to palpation of the hip/pelvis on the left; tenderness to palpation of the hip/pelvis on the right; severe tenderness and spasm on the right paraspinous muscle, left paraspinous muscle, right facet joint, left facet joint, and at L2, L3, L4, L5, S1, and knee; and lumbar ranges of motion are reduced due to pain. The treatment plan has included the request for Flector patch 1/3% #60, and Voltaren gel.

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 DOS 4/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain and bilateral lower extremity numbness, tingling, and weakness. When seen, he had fallen a few times due to loss of lower extremity strength. Anti-inflammatory medications are referenced as providing no relief. However, ibuprofen is listed as an active medication since September 2013. Physical examination findings included a stiff gait. There was cervical spine and shoulder tenderness. There was decreased right upper extremity sensation. There was decreased and painful lumbar range of motion with muscle spasms and muscle and facet tenderness. Straight leg raising was negative. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen was also being prescribed. There would be no need to prescribe medication in a patch formulation. Flector is not medically necessary.

Voltaren gel (no specific info provided) DOS 05/12/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain and bilateral lower extremity numbness, tingling, and weakness. When seen, he had fallen a few times due to loss of lower extremity strength. Anti-inflammatory medications are referenced as providing no relief. However, ibuprofen is listed as an active medication since September 2013. Physical examination findings included a stiff gait. There was cervical spine and shoulder tenderness. There was decreased right upper extremity sensation. There was decreased and painful lumbar range of motion with muscle spasms and muscle and facet tenderness. Straight leg raising was negative. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target

tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen was also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.