

Case Number:	CM15-0142727		
Date Assigned:	08/03/2015	Date of Injury:	12/28/2001
Decision Date:	09/04/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male, who sustained an industrial injury on 12-28-2001. The injured worker was diagnosed as having chronic low back pain, inguinal hernia, and right lower extremity radiculopathy. Treatment to date has included diagnostics, lumbar epidural steroid injections, psychological supportive therapy, and medications. Currently (5-26-2015), the injured worker complains of chronic low back pain, muscle spasms, and neuropathic pain. Pain was not rated. He stated that he preferred Voltaren gel over Flector patches, but Voltaren gel was denied at the pharmacy. He was given samples at his last visit and reported that it was very helpful for his back pain. He stated that the Flector patches were not sticking well when he was sweaty and were falling off. Other medications included Orphenadrine, Tramadol, Gabapentin, Zolpidem, and Naproxen. He was dispensed Tramadol, Naproxen, Gabapentin, Zolpidem, Orphenadrine, and Voltaren gel. The current treatment plan (6-26-2015) included Flector 1.3% patch, noting that he preferred Flector patch to Voltaren gel for effectiveness. Work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector dis 1.3% #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with low back pain. The request is for Flector dis 1.3% #60 with 1 refill. The request for authorization is dated 06/26/15. The patient is status post right total hip arthroplasty, date unspecified. MRI of the lumbar spine, 02/03/15, shows diffuse lumbar spondylosis, most severe at the L4-5 level with a mild to moderate diffuse disk bulge and ligamentum flavum and facet hypertrophy resulting in mild to moderate central stenosis and mild to moderate bilateral foraminal narrowing. Physical examination reveals lumbar spine range of motion is within normal limits. Sensory exam is normal. He also underwent evaluation from urology and will take over treatment of his urologic symptoms. He is to continue psychological supportive therapy for chronic intractable pain and supportive therapy. He states that he prefers Voltaren gel over the Flector patches. He states the Flector patch was not sticking well and when he was sweaty, the patch fell off. Patient's medications include Tramadol, Naproxen, Gabapentin, Zolpidem, Orphenadrine and Voltaren. Per progress report dated 04/22/15, the patient is permanent and stationary. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "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)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Treater does not specifically discuss this medication. Patient has been prescribed Flector patches since at least 05/26/15. However, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Given the lack of specific discussion regarding this topical product, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise unachieved without this product. Therefore, the request is not medically necessary.