MAXIMUS Federal Services

Case Number:	CM15-0144623		
Date Assigned:	08/05/2015	Date of Injury:	08/22/2004
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old female who sustained an industrial injury on 8-22-2004. She has reported low back pain and has been diagnosed with bilateral lumbar facet joint pain at L4-L5, L5-S1, lumbar facet joint arthropathy, chronic low back pain, right ankle surgery, right ankle internal derangement, bilateral knee surgery, right knee internal derangement, and left knee internal derangement. Treatment has included TENS, injections, medical imaging, medications, and surgery. There was tenderness upon palpation of the lumbar spine. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac provocative maneuver, pressure at the sacral sulcus, was positive bilaterally. The treatment plan included a Flector patch. The treatment request included a flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #30 1 patch 12 hours on 12 hours off with no refills: 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.

Decision rationale: Flector patch is a topical non-steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There are no controlled studies supporting the use of topical NSAID for the long-term treatment of osteoarthritis or chronic neck and back pain. There is no documentation that the patient failed oral NSAID or oral pain medication. The effect of the patient's psychiatric condition on the patient pain perception and on the number of pain medications used should be objectively evaluated. Based on the patient's records, the prescription of Flector Patches #30 is not medically necessary.