

Case Number:	CM15-0146906		
Date Assigned:	09/11/2015	Date of Injury:	08/30/2014
Decision Date:	10/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 8-30-2014. He reported pain in the right groin from lifting activity and developing low back pain. Diagnoses include bilateral inguinal hernia status post arthroscopic repair, and thoracic or Lumbosacral neuritis or radiculitis not otherwise specified. Treatments to date include activity modification, medication therapy, acupuncture treatments, and physical therapy. Currently, he complained of no change in the pain in the groin, and 50% improvement in the right leg radicular pain. The lumbar MRI obtained on 4-1-15 was noted to reveal lumbar stenosis and foraminal narrowing. On 7-9-15, the physical examination documented a right sided antalgic gait with the inability to bear weight on the right. The plans of care included await right hip injection authorization, request additional acupuncture treatments and ongoing medication therapy. This appeal requested authorization for a prescription of Flector DIS 1.3% #30. This request was denied at Utilization Review on 7-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Dis 1.3%, sixty count with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector Dis 1.3% #60 with no refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are bilateral inguinal hernia; and thoracic or lumbosacral neuritis/radiculitis NOS. Date of injury is August 30, 2014. Request for authorization is July 9, 2015. According to a progress note dated May 5, 2015, the treating provider initiated a trial of gabapentin and Flector for neuropathic pain. According to the most recent progress note dated July 9, 2015, there are no subjective complaints noted. Objectively, the injured worker has an antalgic gait. There are no physical findings documented in the medical record referencing the thoracic spine lumbosacral spine, hip or greater trochanter. Flector is indicated for acute sprains, strains and contusion. The date of injury is August 2014. There is no documentation of an acute sprain, strain or contusion. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical findings documented in the July 9, 2015 progress note and no documentation of acute sprains, strains or contusions, Flector Dis 1.3% #60 with no refills is not medically necessary.