

Case Number:	CM15-0165431		
Date Assigned:	09/02/2015	Date of Injury:	05/28/2014
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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 58 year old female who sustained an industrial injury on 05-28-14. Initial complaints include low back, left buttocks, and posterior thigh pain. Initial diagnoses are not available. Treatments to date include medications, chiropractic treatments, physical therapy, daily exercise, work restrictions, and yoga. Current complaints include are not addressed. Current diagnoses include lumbar pain with radiation down the right leg. In a progress note dated 07-21-15 the treating provider reports the plan of care as continued work restrictions, MRI of the lumbar spine, referral for treatment options, continued physical therapy and daily exercises, and Flector patches. The requested treatments include Flector patches and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, under MRIs.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with lumbar pain worse on the right with radiculopathy into the right buttock and posterior thigh. The treater has asked for MRI LUMBAR SPINE WITHOUT CONTRAST on 7/21/15. The patient's diagnoses per request for authorization dated 7/22/15 are lumbar pain with radiation. The patient is s/p 7 physical therapy sessions with 50% improvement but continued lumbar pain per 7/21/15 report. The patient states flector patches help with lumbar pain per 7/21/15 report. The patient states that she is doing home exercise program with unspecified benefit per 5/19/15 report. The patient reported an improvement that her pain is no longer radiating down her leg but only into her upper buttock per 5/19/15 report. The patient's work status is currently working with 20 pound work restriction per 7/21/15 report. ODG Guidelines, Low back Chapter, under MRIs (magnetic resonance imaging) (L-spine) states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation). The treater does not discuss this request in the reports provided. Review of provided medical records does not show a prior MRI of the lumbar spine, and neither does the utilization review letter dated 7/29/15. The patient has had ongoing low back pain with radicular symptoms going down right buttock/thigh and minimal improvement per requesting 7/21/15 report. The request appears reasonable and within guideline indications. Therefore, the request IS medically necessary.

Flector 5 percent patches 1 patch every 12 hours prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 7/21/15 progress report provided by the treating physician, this patient presents with lumbar pain worse on the right with radiculopathy into the right buttock and posterior thigh. The treater has asked for FLECTOR 5 PERCENT PATCHES 1 PATCH EVERY 12 HOURS PRN on 7/21/15. The patient's diagnoses per request for authorization dated 7/22/15 are lumbar pain with radiation. The patient is s/p 7 physical therapy sessions with 50% improvement but continued lumbar pain per 7/21/15 report. The patient states flector patches help with lumbar pain per 7/21/15 report. The patient states that she is doing home exercise program with unspecified benefit per 5/19/15 report. The patient reported an improvement that her pain is no longer radiating down her leg but only into her upper buttock per 5/19/15 report. The patient's work status is currently working with 20 pound work restriction per 7/21/15 report. MTUS Guidelines, Topical Analgesics section, pg. 111-113, under Non-steroidal anti-inflammatory agents (NSAIDs) states: "The efficacy in clinical trials for this

treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The patient has been using Flector patches since 5/19/15 report. The patient states that flector patches are helping with lumbar pain per 7/21/15 report. The patient suffers from low back and MTUS specifically states that there is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. These topical patches are specifically for peripheral joint complaints, for which these patches are not being used per review of reports. Therefore, recommendation for further use cannot be supported. This request IS NOT medically necessary.