

Case Number:	CM15-0166591		
Date Assigned:	09/04/2015	Date of Injury:	03/19/2014
Decision Date:	10/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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 38 year old male who sustained an industrial injury on 03-19-2014. Mechanism of injury occurred when he was pulling an engine apart and then setting it on the ground had pain down his right leg and it progressed to low back pain. Diagnoses include lumbar herniated nucleus pulposus, lumbar degenerative disc disease, and lumbar facet arthropathy. Treatment to date has included diagnostic studies, medications, and lumbar intraarticular facet joint injections on the right side in February of 2015 and then again on 06-29-2015 with a 40% pain relief from the last injection, 4 acupuncture sessions, and 8 physical therapy and activity modification. His medications include Ultracet, Naproxen, Cymbalta, and Nortriptyline. A physician progress note dated 07-16-2015 documents the injured worker has complaints of low back pain and right buttock pain. He last received a lumbar facet injection on 06-29-2015 and he had 40% relief, but the pain has returned. He rates his pain as 7 out of 10 and there is cramping along the left buttock and an aching pain to his right hip, and most of the pain is in his right hip. Straight leg raise is positive on the right at 70 degrees with pain and numbness to the toes. Lumbar range of motion is restricted. Facet loading is positive. There is decreased sensation in the S1 dermatome. His medication reduces his pain and improves his sleep. Without his medications, he would not be able to sleep as long. He takes Senna due to constipation secondary to his medication use. The treatment plan includes Tramadol/APAP 37.5/325mg #90, per RFA (Request for Authorization) 7/16/15, continuation of naproxen, Cymbalta, and Senna, MBB right L4-L5, L5-S1, a right rhizotomy L4-L5 and L5-S1 and a follow up in 4 weeks.

Treatment requested is for Flector Patch #30, per RFA (Request for Authorization) 7/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch #30, per RFA (Request for Authorization) 7/16/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk Page(s): 111-112, 68-69.

Decision rationale: The requested Flector Patch #30, per RFA (Request for Authorization) 7/16/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has cramping along the left buttock and an aching pain to his right hip, and most of the pain is in his right hip. Straight leg raise is positive on the right at 70 degrees with pain and numbness to the toes. Lumbar range of motion is restricted. Facet loading is positive. There is decreased sensation in the S1 dermatome. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flector Patch #30, per RFA (Request for Authorization) 7/16/15 is not medically necessary.