

Case Number:	CM15-0168690		
Date Assigned:	09/09/2015	Date of Injury:	01/31/2008
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 1-31-08. The injured worker has complaints of lower back pain radiating to both lower extremity. The documentation noted 7-20-15 noted that the injured worker rated pain an 8 on a 0-10 with medication and without medication is a 10. The documentation noted lumbosacral spine examination revealed tenderness to palpation in the lumbosacral spine and paraspinal muscle with the stiffness and spasm. Range of motion of the lumbosacral spine is painful and guarded. Straight leg raise in sitting and supine is 60 degrees. The documentation noted that the injured worker has radicular pain and has decreased sensation in L4-5 distribution bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine on 5-21-14 showed degenerative disk changes noted L2-3 through L4-5, disc fissuring and type 1 endplate changes are noted at eh L2-3 level and degenerative facet arthropathy noted at L2-3 through L5-S1 (sacroiliac) levels. The diagnoses have included chronic lumbosacral sprain and strain, industrial; lumbar degenerative disc disease of lumbosacral spine; lumbar radiculopathy; lumbar spondylosis and morbid obesity. Treatment to date has included chiropractic treatment that has been helping; ultram ER; flector patches and home exercise program. The documentation noted on 7-20-15 for the injured worker to continue with the modified vocation, 10 pound weight restriction. The original utilization review (8-7-15) non-certified a request for flector patch 1.3% #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in January 2008 and continues to be treated for chronic back pain. She has a past medical history of asthma and hypertension. Medications have included Nexium. When seen, she was having low back pain radiating into both lower extremities which was rated at 8/10 with medications. Tramadol, Flector, and Zanaflex were being prescribed. Physical examination findings included poor posture. There was lumbar spine and paraspinal muscle tenderness with stiffness and spasms. There was decreased and painful lumbar spine range of motion. Straight leg raising was to 60 degrees. Her BMI is over 51. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has taken Nexium and may have gastroesophageal reflux disease. However, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector is not recommended as a first-line treatment and was not medically necessary.