

Case Number:	CM15-0180912		
Date Assigned:	09/22/2015	Date of Injury:	07/18/2012
Decision Date:	10/28/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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

Certification(s)/Specialty: Family Practice

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 49 year old female, who sustained an industrial injury on 07-18-2012. She has reported injury to the low back. The injured worker has been treated for chronic low back pain; lumbar internal disc disruption at L5-S1; and lumbar radiculitis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, lumbar steroid injections, and physical therapy. Medications have included Dilaudid, Gabapentin, Xanax, Effexor, Prozac, and Trazodone. A progress report from the treating physician, dated 08-13-2015, documented an evaluation with the injured worker. The injured worker reported that she continues to experience low back pain that radiates down both legs; the back pain is more bothersome than the radicular pain; she currently rates the pain at 6 out of 10 in intensity on the visual analog scale; she denies any new changes in pain since the last visit; the orthopedic surgeon did not have any surgical recommendations; she is taking 4 tablets of Dilaudid daily to adequately control her pain; the Dilaudid can bring her pain down to a 3 out of 10 in intensity; the medications enable her to move more, walk more, grocery shop with assistance, and go to church; she is using the TENS unit for additional pain relief; Xanax helps manage severe anxiety, and she only takes it as needed; and she is taking Gabapentin 300 mg three times a day. Objective findings included she is alert and oriented; mood is anxious; she does not appear over-medicated; she appears to be in moderate discomfort; gait is slowed; there is moderate tenderness to palpation to the lumbosacral paraspinal muscles; lower extremity deep tendon reflexes are depressed bilaterally; positive straight leg raise bilaterally; and her last urine drug screen, dated 11-13-2014, was consistent with prescribed analgesics and did not detect any

illicit drug abuse. The provider noted that he will refill Flector patch 1.3% as she is unable to tolerate oral non-steroidal anti-inflammatory drugs. The treatment plan has included the request for Flector patch 1.3% #60 with 1 refill. The original utilization review, dated 08-24-2015, non-certified a request for Flector patch 1.3% #60 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% #60 with 1 refill: 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: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there is record of the Flector patches being used chronically prior to this request for renewal with some benefit reported by the requesting provider. However, NSAIDs in any form (oral or topical) have potential long-term risks associated with chronic use which should be considered, which is why NSAIDs are typically only recommended for acute flare-up treatment and not daily chronic use. Also, there is insufficient evidence to support Flector patches for low back pain (spinal). Therefore, the request for Flector patches will be considered medically unnecessary at this time.