

Case Number:	CM15-0182555		
Date Assigned:	09/23/2015	Date of Injury:	06/19/2014
Decision Date:	10/28/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/16/2015

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 36-year-old female with an industrial injury dated 06-19-2014. Medical records indicate she is being treated for lumbar arthritis, sacroiliac strain and sciatica. Subjective complaints dated 06-08-2015 included "sharp, stabbing, burning" pain that radiated down to the left buttock area. The pain was rated as 7 out of 10. The treating physician documented the injured worker "in the past did reasonable with the medication which has helped her to tolerate less than normal activities during the day." Her functional tolerance is documented as sitting 20-25 minutes, standing 15-20 minutes and walking 20-25 minutes. The treating physician also documented "disturbed sleeping along with acid reflux and heartburn, constipation and diarrhea." In the progress note dated 08-10-2015, the injured worker presented with "increased pain in the neck and back, radiating down arms and hands." The pain rating is documented as 8 out of 10. Work status on 07-13-2015 was documented as: "Patient can only work 4 days in a week. "Patient cannot exceed 16 hours in a 4 day work week." "If these restrictions cannot be accommodated, the patient will be on total temporary disability." Functional tolerance was unchanged from the 06-08-2015 exam. Medications at the 08-10-2015 visit included Percocet, Zofran, Baclofen, Nortriptyline, Trazodone and Wellbutrin SR. Review of the medical records post 05-04-2015 do not indicate the use of Flector. Flector had been discontinued on 05-04-2015. Prior treatments included chiropractic and medications. Objective findings dated 06-08-2015 included pain with forward flexion of lumbar spine. Sacroiliac joint compression test was positive. The treatment request is for purchase of Flector Dis 1.3% #45. On 08-17-2015 the request for purchase of Flector Dis 1.3% #45 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Flector Dis 1.3% #45: 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 requested Purchase of Flector Dis 1.3% #45 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 or anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID have the potential to raise blood pressure in susceptible patients. The injured worker has pain with forward flexion of lumbar spine. Sacroiliac joint compression test was positive. 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, Purchase of Flector Dis 1.3% #45 is not medically necessary.