

Case Number:	CM15-0185588		
Date Assigned:	09/25/2015	Date of Injury:	11/14/2012
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
 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 56-year-old male, who sustained an industrial injury on 11-14-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, lumbar spondylosis, and herniated nucleus pulposus of the lumbar spine. According to the progress report dated 7-24-2015, the injured worker presented with complaints of increased low back pain, despite no new trauma. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness, guarding, and decreased range of motion. The current medications were not indicated. Treatments to date were not specified. Work status is described as retired. The treatment plan included home exercise program, Flector patches, and referral to universal pain management. The original utilization review (8-18-2015) had non-certified a request for Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1% 2 boxes: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for an unknown length of time. Prior medications used and pain response are not noted there is limited evidence to support long-term use of Flector. The Flector patch is not medically necessary.