

Case Number:	CM15-0196959		
Date Assigned:	10/12/2015	Date of Injury:	02/23/2012
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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 54-year-old female who sustained an industrial injury 02-23-12. A review of the medical records reveals the injured worker is undergoing treatment for chronic intractable pain, bilateral knee pain, L5-S1 degenerative disc disease, L4-5 stenosis and facet arthropathy, Grade I spondylolisthesis L4-L5. Medical records (09-17-15) reveal the injured worker complains of lower back pain rated at 7/10 without medication and 5/10 with medications, as well as unrated pain over the left greater trochanter and intermittent ne pain down the right lower extremity and foot that is also unrated. This is improved from 07-29-15 when her back pain was rated at 8-9/10 without medication and 7-8/10 with medication, left trochanter pain rated at 9-10/10 without medications and 8-9/10 with medications, and left knee pain rated at 7-10 without medication and 5-6/10 with medications. The physical exam (09-17-15) reveals an antalgic gait and use of a single point cane, palpable tenderness of the paravertebral muscles bilaterally, and over the left trochanter. Prior treatment includes 18 recently completed sessions of physical therapy, medications, and L4-5 laminotomy 03-15, back brace, work restrictions, acupuncture, an epidural steroid injection, home exercise, and bilateral facet blocks. The original utilization review (09-28-15) non-certified the request for an unknown quantity of Flector patches 1.3%. The injured worker is reportedly not taking oral medications as she has been denied authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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 anti-depressants and anti-convulsants 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 prior analgesics including topical Voltaren. There is limited evidence to support long-term use of topicals. In addition, there was no reduction of oral opioids while on Flector. The Flector patch is not medically necessary.