

Case Number:	CM15-0199795		
Date Assigned:	10/15/2015	Date of Injury:	09/18/2003
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina
 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 female, with a reported date of injury of 09-18-2003. The diagnoses include post laminectomy syndrome and chronic pain syndrome. Treatments and evaluation to date have included Norco, Trazodone, Cymbalta, Valium, and Diclofenac. The diagnostic studies to date have not been included in the medical records. The progress note dated 08-04- 2015 indicates that the injured worker's pain was at an intensity level of 4 out of 10 in the low back. It was noted that toxicology studies "have been consistent ruling out aberrant behavior". It was also noted that the Flector patches significantly functioned as additional agents to her opioid medications. The objective findings include tightness in the cervical spine; positive spasm in the lumbar spine; myofascial restrictions in the lumbar spine; and straight leg raise at 40 degrees on the right and 35 degrees on the left. The treating physician indicates that the injured worker was flared and suffered from chronic pain syndrome, chronic discogenic pain syndrome, and secondary myofascial syndrome. The treatment plan included Flector patches. The injured worker's work status was not indicated. The treating physician requested Flector patches 1.3% #60. On 09-18-2015, Utilization Review (UR) non-certified the request for Flector patches 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3 Percent Qty 60: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below; 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has chronic low back pain. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.