MAXIMUS Federal Services

Case Number:	CM15-0202509		
Date Assigned:	10/19/2015	Date of Injury:	10/21/2008
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 10-21-2008. She has reported injury to the low back. The diagnoses have included lumbar spinal stenosis; lumbar spinal instability, L4 and L5; and status post anterior lumbar interbody fusion, on 05-18-2015. Treatments have included medications, diagnostics, activity modification, trigger point injection, and surgical intervention. Medications have included Norco and Flector patch. A progress report from the treating provider, dated 09-10-2015, documented an evaluation with the injured worker. The injured worker reported a new incident at work; she states that a student "slightly pushed her in her back and caused her to twist abruptly"; since that time, she has had a little increased pain in her back as well as some sciatic-type symptoms in her left lower extremity; she wanted to make sure no damage was done to her surgical site; and she is now a little less than four months post-op following her extensive spinal surgery. Objective findings included tenderness to palpation as well as some spasm about the left side of the lumbar paraspinal musculature; she was able to heel-and-toe walk across the examining room without difficulty; no evidence of any limp or antalgic gait; straight leg raising test produces pain about the low back and buttock on the left side; and x-ray of the lumbar spine was obtained and "her fusion looks good and this time and no damage was done with her new incident". The treatment plan has included the request for Flector patch 1.3%, quantity: 60.00. The original utilization review, dated 10-06-2015, partially certified the request for Flector patch 1.3%, quantity: 60.00, to Flector patch 1.3%, quantity: 30.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%, QTY: 60.00: 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, NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain (2 weeks). In this case, the injured worker has already been prescribed flector patches and the current request for 60 patches exceeds the recommendations of the guidelines (2 weeks), therefore, the request for Flector patch 1.3%, QTY: 60.00 is not medically necessary.