

Case Number:	CM15-0208939		
Date Assigned:	10/27/2015	Date of Injury:	05/21/1992
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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: New Jersey

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 an 80 year old female, who sustained an industrial injury on 5-21-92. The injured worker has complaints of low back pain that radiates into the hips and muscle spasms in the back. Straight leg raise of the right is 30 degrees and on the left is 60 degrees. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 (sacroiliac) region. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of lumbar paraspinal muscles is tender. Magnetic resonance imaging (MRI) revealed multilevel disc and facet arthropathy with multilevel foraminal stenosis. Electrodiagnostic studies on 3-31-15 revealed acute right S1 (sacroiliac) radiculopathy and severe right tibial neuropathy. The diagnoses have included lumbar spondylosis; status post lumbar spine surgery times two and right S1 (sacroiliac) lumbar radiculopathy. Treatment to date has included epidural steroid injection; Flector patches and physical therapy. The original utilization review (10-14-15) non-certified the request for 60 Flector 1.3% transdermal 12hour patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Flector 1.3% transdermal 12hour patch: 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 MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was no record provided showing Flector patches were previously tried. This appears to be a first-time prescription for Flector. The worker's main complaint is low back pain with radiation to the legs. Topical NSAIDs are not appropriate or approved for spinal pain. Also, the request for twice daily use for 30 days goes beyond recommended durations for an acute flare-up, and chronic use is not recommended for the diagnoses listed. Therefore, Flector patches are not medically necessary.