

Case Number:	CM15-0209471		
Date Assigned:	10/28/2015	Date of Injury:	03/01/2013
Decision Date:	12/08/2015	UR Denial Date:	10/21/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 44 year old female, who sustained an industrial injury on 3-1-2013. The medical records indicate that the injured worker is undergoing treatment for spinal stenosis of the lumbar spine; status post lumbar fusion. According to the progress report dated 6-17-2015, the injured worker presented for a follow-up evaluation nine months post-op following her extensive lumbar surgery. Overall, she continues to slowly improve as times goes on. She is tolerating her workload well and states for the most part, she is doing well aside from some intermittent increased pain as well as occasional cramping in her left lower extremity. The level of pain is not rated. The physical examination reveals tenderness to palpation bilaterally over the paralumbar musculature. The current medications are Flector patch (since at least 5-14-2015). Previous diagnostic studies include x-rays of the lumbar spine. Treatments to date include medication management, physical therapy, and surgical intervention. Work status is described as modified duty. The original utilization review (10-21-2015) had non-certified a request for Flector patch.

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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Diclofenac Topical.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Flector patch which is topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case the exam note from 6/17/15 does not demonstrate prior adverse GI events or intolerance to NSAIDs. Given the lack of documentation of failure of oral NSAIDs or GI events, the determination is for non-certification. The request is not medically necessary.