

Case Number:	CM15-0020017		
Date Assigned:	02/09/2015	Date of Injury:	02/13/2014
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported an injury on 02/13/2014. The mechanism of injury involved a slip and fall. The current diagnoses include lumbar spine chronic radiculopathy, lumbar spine degenerative disc disease, lumbar spine sprain/strain, left knee contusion, and right knee sprain/strain. The injured worker presented on 01/14/2015 for a followup evaluation. The injured worker presented with complaints of low back pain radiating into the right lower extremity, causing numbness and tingling, as well as an improvement in right knee symptoms. The current medication regimen includes Flector patch, Mobic, gabapentin, and Relafen. Upon examination, there was tenderness to palpation over the bilateral L4-S1 levels, bilateral sciatic notch tenderness, right lower extremity tenderness, painful range of motion with flexion and extension maneuvers, and decreased sensation to light touch over the left lateral aspect of the thigh. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/28/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation http://www.flectorpatch.com/includes/Flector_PI.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine. Therefore, the ongoing use of Flector patch 1.3% would not be supported in this case. Additionally, it is noted that the injured worker has continuously utilized the above medication since at least 12/2014 without any evidence of objective functional improvement. The request as submitted also failed to indicate a frequency. As such, the request is not medically appropriate at this time.

Mobic 7.5mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period of time in patients with moderate to severe pain dose for the shortest period in patients with moderate to severe pain .For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 12/2014. California MTUS Guidelines do not recommend long term use of NSAIDs. It was also noted that the injured worker was utilizing Relafen. The medical necessity for 2 separate oral NSAIDs has not been established. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.