

Case Number:	CM15-0025543		
Date Assigned:	02/18/2015	Date of Injury:	04/12/2013
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/10/2015

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: 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 39 year old male, who sustained a work related injury on 4/12/13. The diagnoses have included lumbar radiculopathy, lumbar strain, low back pain and depression/anxiety. Treatments to date have included lumbar epidural steroid injection, MRI lumbar spine, NCS/EMG study lower extremities, oral medications, Fentanyl patches and physical therapy. In the PR-2 Psychology dated 10/6/14, the injured worker complains of persistent back pain with pain that radiates down right leg. He rates the pain an 8-9/10. He lost 40-50 pounds, which has helped to decrease his pain. He is limited in the performance of his activities of daily living due to pain. He is sleeping poorly. On 1/26/15, Utilization Review non-certified a request for Flector patches 1.3%, #15. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Dis 41.3% day supply 15, Qty 15, refills; 00, Rx Date 12/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with constant severe lower back pain rated 10/10, which radiates down the right lower extremity. The patient's date of injury is 04/12/13. Patient has no documented surgical history directed at this complaint. The request is for Flector DIS 41.3% day supply: 15, qty 15, refills 00, RX date 12/17/14. The RFA was not provided. Physical examination dated 01/20/14 revealed tenderness over the thoracolumbar paraspinal muscles, positive straight leg raise test on the right, intact neurological function bilaterally. The patient is currently prescribed Dilaudid. Diagnostic imaging included lumbar MRI dated 08/22/13, significant findings include: "L4-L5 disc bulge contacting the thecal sac in the region of the traversing L5 nerve roots, mild biforaminal stenosis L5-S1 and mild facet joint arthropathy at L4-L5 and L5-S1." Patient is temporarily totally disabled. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents NSAIDs states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder."The treater is requesting Flector patches for the management of this patient's intractable neuropathic lower back pain. While there is no documentation that this patient has received Flector patches to date, MTUS guidelines indicate that topical NSAID patches are not recommended for neuropathic pain. Therefore, this request IS NOT medically necessary.