

Case Number:	CM15-0045416		
Date Assigned:	03/17/2015	Date of Injury:	07/31/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii
 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 40 year old male patient, who sustained an industrial injury on 04/31/2013. A primary treating office visit dated 01/10/2015, reported subjective complaints of low back pain described as aching, minimal to moderate and of constant duration. He noted the pain is also accompanied by numbness to the right thigh that seems to be lessened, but not improving. He rates the pain a 4-6 out of 10 in intensity. He is 70% of normal. Objective findings showed the lumbar spine with pain on motion present at end of range flexion. Lasegue's straight leg raise sign is positive on the right at 60-75 degrees. The plan of care involved stop previous medications, change to Tramadol 50mg one twice daily and Tylenol over the counter for in between pain. Continue with home exercise program 6 times daily minimum. An epidural steroid injection is scheduled for 01/19/2015. He is to begin modified duty on 02/19/2015. The following diagnoses are applied: lumbar strain/sprain, other acute reactions to stress and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right TESI L5, S1 2nd set: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The patient presents with low back and right leg pain. The current request is for TESI L5, S1, 2nd set. The treating physician states that the patient feels his pain is not improving. Pain level is 4-6/10 and he is 70 percent of normal. The MTUS guidelines state one of the criterion for the use of epidural steroid injections is in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) In this case, the treating physician has not provided documentation as to functional improvement since the last ESI on 1/19/14. Pain level is still 4-6/10. The patient still feels the pain is not improving. The current request is not medically necessary and the recommendation is for denial.

Flector patch for non-narcotic pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector Patch.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Flector patch (diclofenac epolamine); ODG, Topical analgesics.

Decision rationale: The current request is for Flector patch for non-narcotic pain management. The treating physician states that the patient feels his pain is not improving. Pain level is 4-6/10 and he is 70 percent of normal. The ODG guidelines state, Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Furthermore, regarding non-steroidal anti-inflammatory agents, ODG guidelines state, Recommended for the following indications: Acute pain: Recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical NSAIDs can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. They are considered particularly useful for individuals unable to tolerate oral administration, or for whom it is contraindicated. In this case, the treating physician has had a trial of gabapentin, which was ineffective for the patient. One to two weeks of topical use of NSAIDs is recommended for sprains and strains. However, in this case the request is for an unspecified quantity of Flector patches, which is not supported by the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

