

Case Number:	CM15-0046635		
Date Assigned:	03/18/2015	Date of Injury:	09/28/1997
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/11/2015

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: Arizona, California
 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 a 61 year old female, who sustained an industrial injury on 9/28/1997. The details of the initial injury were not submitted for this review. The diagnoses have included history of L3-S1 fusion, chronic low back pain, L3-S1 fusion, sciatic neuralgia and trochanteric bursitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), home exercise, and activity modification. Currently, the Injured Worker complains of increasing left sided low back pain with radiation into the buttock. Pain was rated 9/10 with muscle spasms associated with numbness in the left lower extremity. The physical examination from 1/26/15 documented tenderness in gluteal and greater trochanter regions. The provider documented this was consistent with acute trochanteric bursitis. A Kenalog injection was administered on this date to the left greater trochanter. The plan of care included adding Flector Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. The claimant had already used topical Lidocaine. The Flector patch is not medically necessary.