

Case Number:	CM15-0054183		
Date Assigned:	03/27/2015	Date of Injury:	05/16/2004
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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, 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 53 year old female, who sustained an industrial injury on 05/16/2004. According to a progress report dated 02/24/2015, the injured worker complained of low back pain radiating to her leg with right leg and foot weakness. Diagnoses included right foot drop and status post transforaminal lumbar interbody fusion L5-S1. The urine drug toxicology screen results were reviewed with the injured worker in detail. The provider noted that due to this she would no longer be prescribed narcotic pain medication or any controlled substances. Recent lab tests showed an elevated kidney function test. Due to this, the provider was hesitant in prescribing anti-inflammatory medications. Treatment plan included Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR DIS 1.3% #60: Upheld

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

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

Decision rationale: The attending physician report dated 1/13/15 indicates the patient has ongoing low back pain radiating to her legs with weakness in the right leg and foot. The current request is for Flector DIS 1.3% #60. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. There is little evidence to utilize topical NSAIDs in osteoarthritis of the spine, hip or shoulder. In this case, the patient has low back and leg pain following spine surgery. The attending physician indicates that recent lab testing reveals elevated kidney function tests. Due to this he is hesitant to prescribe oral medications and instead prescribes topical NSAIDs. Topical NSAIDs are indicated for arthritis/tendinitis of peripheral joints. Topical NSAIDs are not indicated for spine complaints. The available documentation does not establish medical necessity and as such, the request is not medically necessary.