

Case Number:	CM15-0089054		
Date Assigned:	05/13/2015	Date of Injury:	04/26/2005
Decision Date:	06/12/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/08/2015

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 55 year old male, who sustained an industrial injury on 4/26/05. The mechanism of injury was not noted in the records. The diagnoses have included lumbar sprain and spinal stenosis. Treatment to date has included medications, chiropractic, acupuncture, activity modifications, pain management, ice, heat, facet blocks, radiofrequency neurotomy and home exercise program (HEP). Currently, as per the physician progress note dated 3/3/15, the injured worker complains of bilateral low back pain and distal leg pins and needles. The physician noted that he is very low maintenance and continues to work without requiring high doses of medications. It is noted that he manages the symptoms with heat, ice and current medications. There is no physical exam or objective findings noted/documented. The current medications included Flector Patch and Nabumetone. There is no recent diagnostics or labs noted in the records. There is no previous therapy sessions noted with the records. It was noted by the physician that due to the fact that the injured worker requires minimal care and he continues with a home exercise program (HEP) and gym exercise, he will be seen as needed. It was also noted that medial branch block was considered in the past; however, the injured worker did not wish to have it done. Work status is permanent and stationary. The physician requested treatments included Flector Patch and Nabumetone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1. 3 Percent #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Per Guidelines, the efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. The Flector Patch 1. 3 Percent #30 is not medically necessary and appropriate.

Nabumetone 500 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. The Nabumetone 500 MG #60 is not medically necessary and appropriate.