

Case Number:	CM14-0118632		
Date Assigned:	08/06/2014	Date of Injury:	07/29/2004
Decision Date:	10/07/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Progress report dated 07/23/2014 indicates the patient complained of cervical pain rated as 6/10 with associated numbness and tingling. She has lumbar spine pain that is rated as 3/10. On exam, there is tenderness to palpation of the cervical spine with muscle spasms. Range of motion revealed flexion to 40; extension to 50; Rotation to 60 bilaterally; lateral flexion to 35 bilaterally. The lumbar spine revealed negative straight leg raise. Range of motion revealed flexion to 45; and extension to 15. Neuro exam was within normal limits. The patient is diagnosed with cervical post-laminectomy syndrome, cervicalgia, lumbar post-laminectomy syndrome, and lumbago. She was recommended for Butabital and Flector as per RFA dated 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butabital/APAP/Caffeine #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCA) Page(s): 23.

Decision rationale: There is no medical indication for the usage of this Barbiturate Medication for the diagnoses offered in the documentation of this case. The patient does not have

documented migraines or any other conditions for which this medication would be a reasonable consideration. Based on the MTUS guidelines and criteria regarding Barbiturate as well as the clinical documentation stated above, the request is not medically necessary.

Flector Diclofenac Patch 1.3% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): , pages111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics, Other Medical Treatment Guideline or Medical Evidence: <http://www.flectorpatch.com/>

Decision rationale: The MTUS and Official Disability Guidelines do not recommend Topical Anti-Inflammatory Patches for the management of the conditions described in the documentation. The patch in question is only approved for usage in knee osteoarthritis. There is no documentation in the records of a failure with standard oral anti-inflammatory medications, and the package insert indicates that there can be serious adverse gastrointestinal and cardiovascular risks associated with the medication despite its method of delivery. Based on the guidelines and criteria noted above as well as the clinical documentation, the request is not medically necessary.