

Case Number:	CM14-0120007		
Date Assigned:	08/06/2014	Date of Injury:	07/08/1995
Decision Date:	09/30/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/30/2014

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 Nevada. 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:

The records presented for review indicate that this 59 year-old individual was reportedly injured on 7/8/1995. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 7/1/2014, indicates that there are ongoing complaints of low back pain and bilateral leg pain. The physical examination demonstrated: normal motor and sensory bilateral lower extremities. Musculoskeletal: no generalized swelling or edema of the extremities. Diagnostic imaging studies include a CT scan of the lumbar spine dated 4/8/2014 which documented normal lumbar alignment status post previous fusion between L4-S1. L2-3 disc bulge with left lateral recess suspected root compression. Severe discogenic disease and bulging seen at L2-L5. Severe facet arthritis throughout the lumbar spine beginning around L2-L3. MRI of the lumbar spine dated 4/18/2014 reveals degenerative mild anterolisthesis at L3-L4 and L5-S1. Severe discogenic disease L3. Previous treatment includes lumbar fusion, medications, injections, PT, Aqua therapy, and modified duty. A request had been made for Flector patch 1.3% and was not certified in the pre-authorization process on 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Felctor patch 1.3 %: 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, Pain, (updated 06/10/14), flector patch.

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

Decision rationale: MTUS guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The claimant suffers from low back pain. There is no indication for this medication and the request is not considered medically necessary.