

Case Number:	CM14-0160087		
Date Assigned:	10/03/2014	Date of Injury:	02/01/1999
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Illinois. 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 injured worker is a 62 year-old male with a reported injury on 02/01/1999. The mechanism of injury was lifting. He was diagnosed with status-post cervical surgery, status-post lumbar fusion, lower-extremity radiculopathy and failed back syndrome. His past treatments included medications, surgery, and physical therapy. On 08/28/2014, the injured worker reported ongoing pain and stiffness to his neck and lumbar spine. The physical examination reports tenderness, spasms, and decreased range of motion to lumbar and cervical spine. His medications were not specified. His treatment plan included x-ray of lumbar spine, continuation of medications, pain management and request for urine test for drug compliance. A request was received for Flector Patch 1.3 percent 12hr patch #60, AAA 1-2 patches QD, Refills: 5. A rationale was not provided. The Request for Authorization form was not provided.

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 12hr patch #60, AAA 1-2 patches QD, Refills: 5: Upheld

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

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

Decision rationale: The Request for Flector Patch 1.3 percent 12hr patch #60, AAA 1-2 patches QD, Refills: 5: is not medically necessary. The injured worker reported ongoing pain to his neck and lumbar spine. The California Medical Treatment Utilization Schedule (MTUS) guidelines state topical non-steroidal anti-inflammatories are indicated for the first two weeks of treatment of osteoarthritis pain in joints such as the elbow, hand, knee, and wrist, but are not recommended for neuropathic pain. The guidelines further state there is no evidence to support the use of topical Nonsteroidal anti-inflammatory drugs (NSAIDs) for treatment of the spine, hip or shoulder. The documentation states the injured worker was diagnosed with status-post cervical surgery, status-post lumbar fusion, lower extremity radiculopathy and failed back syndrome. As the injured worker is being treated for pain of the spine, and the guidelines state that use of topical NSAIDs for treatment of the spine, hip or shoulder due to lack of evidence, the request is not medically necessary. Therefore, the request is not medically necessary.