MAXIMUS Federal Services

Case Number:	CM14-0168581		
Date Assigned:	10/16/2014	Date of Injury:	11/19/2013
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal Medicine 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:

The injured worker is an injured worker with the diagnoses of chronic lumbosacral strain, spinal stenosis, lumbago, and sacroiliac joint disorder. Date of injury was 11-19-2013. Mechanism of injury was vehicular accident. He has received chiropractic and physical therapy. The injured worker has chronic low back pain. The progress report dated 8/29/2014 documented subjective complaints of constant, moderate low back pain with occasional radiating to the left thigh on prolonged sitting and driving. The injured worker graded the severity of pain at 4 out of 10 with medications. Objective findings included muscle spasms in the low back. The injured worker's gait was observed to be normal, while sensation to light touch and pinprick was intact in all dermatomes tested in the bilateral lower extremities. TENS unit was beneficial. Diagnoses were chronic lumbosacral strain, spinal stenosis, lumbago, and sacroiliac joint disorder. Treatment plan included TENS unit and a request for Flector patch. Utilization review determination date was 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector Patch (Diclofenac Epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 111-113, 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that topical analgesics are 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. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. FDA medication guide recommends lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records document the long-term use of NSAIDs, which is not recommended by MTUS guidelines. Medical records do not document recent laboratory test results, which are recommended by MTUS for the use of NSAIDS. MTUS guidelines do not support the use of Flector topical patch. Therefore, the request for Flector patch #30 is not medically necessary.