MAXIMUS Federal Services

Case Number:	CM14-0183918		
Date Assigned:	11/10/2014	Date of Injury:	10/29/1990
Decision Date:	12/15/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The injured worker is a 61-year-old female who reported an injury on 08/29/1990. The mechanism of injury was not provided. On 11/05/2014, the injured worker presented with persistent low back pain and bilateral lower extremity pain. The diagnoses included lumbar radiculopathy, chronic low back pain, failed back syndrome, neurogenic bowel and bladder, insomnia secondary to pain, and neuropathic pain. Upon examination, there were spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. A surgical scar was noted in the lumbar spine. There was 4/5 strength in the right ankle dorsiflexion and plantarflexion. Medication included morphine sulfate, Carisoprodol, and Linzess. The provider recommended Flector patch; however, rationale was not provided. Request for Authorization form was dated 11/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary (updated 9/10/14)

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

Decision rationale: The request for Flector patch 1.3% #30 is not medically necessary. California MTUS state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control, including non-steroidal anti-inflammatory drugs (NSAIDs), opioids, capsaicin, local anesthetics, antidepressants, or glutamate receptor antagonists. There is little research to support the use of many of these agents. There is no documentation of treatment history or length of time the injured worker has been prescribed Flector patch. Additionally, the site at which the patch was indicated for and the frequency of the medication was not provided. As such, this request is not medically necessary.