

Case Number:	CM14-0158815		
Date Assigned:	10/02/2014	Date of Injury:	07/22/1999
Decision Date:	01/21/2015	UR Denial Date:	09/12/2014
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 Rehab 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 patient is a 59 year old female with date of injury 7/22/99. The treating physician report dated 7/23/14 indicates that the patient presents with pain affecting the neck and lower back. The physical examination findings reveal satisfactory posture and gait and low level tenderness on palpation to her lower lumbar spine at the midline. Straight leg raising test was negative without any neurological deficit. Prior treatment history includes x-ray, MRI and home stretches and exercises. MRI of the lumbar spine findings reveal disc bulging with annular tear at L4-5, facet joint hypertrophy and other lesser degenerative changes including disc desiccation with broad-based disc bulging. The current diagnoses are: 1. Lumbosacral spondylosis without myelopathy 2. Cervical myofascial pain syndrome. The utilization review report dated 9/12/14 denied the request for Flector patch #60 based on lack of documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounding medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111.

Decision rationale: The patient presents with chronic neck and lower back pain. The current request is for Flector patch #60. Flector patches contain Diclofenac, a nonsteroidal anti-inflammatory drug (NSAID). The treating physician states that her pain is easily exacerbated and remains unchanged. The MTUS guidelines state topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Furthermore, MTUS guidelines state that indications include: "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The use of topical NSAIDs for neck and back pain are unsupported and this patient does not have peripheral joint arthritic pain. Therefore, this request is not medically necessary.