

Case Number:	CM14-0212876		
Date Assigned:	12/30/2014	Date of Injury:	12/28/2010
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old gentleman sustained an injury on December 20, 2010. The mechanism of injury was a motor vehicle accident. The injured employee was seen most recently on October 12, 2014 and had a complaint of chest pain which was resolving with nitroglycerin. There was a known history of an abdominal aortic aneurysm which was stated to be unrelated to the injured employee's current chest pain symptoms. Current medications include ergocalciferol, Protonix, losartan, trazodone, Colace, Buspar, Crestor, Norco, Mylanta, Zofran, Tylenol, lactulose, zolpidem, and nitroglycerin. A prior musculoskeletal examination dated September 2, 2014 included complaints of left hip and lower back pain. The injured employee had diagnoses of a left hip contusion, left trochanteric bursitis, left sacroiliac joint arthropathy, lumbosacral degenerative disc disease at L4 - L5 and L5 - S1 and possible left gluteal bursitis. Previous treatment has included a left SI joint injection performed on September 17, 2013. The physical examination revealed a negative bilateral straight leg raise test and a positive facet maneuvers. There was decreased range of motion of the lumbar spine and tenderness at L4 - L5 and L5 - S1 on the left greater than right side. Left-sided gluteal bursal tenderness was also noted.

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 Topical Analgesics Page(s): 78,111-112.

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

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: 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)." Therefore, it is noted that the guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured workers' complaints of and is diagnosed with lumbar spine pain, this request for the use of Flector patches is not medically necessary.