

Case Number:	CM14-0214804		
Date Assigned:	01/07/2015	Date of Injury:	03/18/2010
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: Florida

Certification(s)/Specialty: Family Practice

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 55-year-old male who sustained an industrial injury on 3/8/2010. The mechanism of injury described is unloading of chairs. He has low back and neck pain. Diagnoses include: low back pain syndrome, lumbar/thoracic radiculopathy, lumbar stenosis, lumbar disc herniation, cervical post laminectomy syndrome, and cervical spondylosis with facet arthropathy. Prior treatment has included a 10/20/2011 cervical fusion, lumbar epidural steroid injection, lumbar facet injections/radiofrequency neurotomy, physical therapy, aquatic therapy, and medications. Prior physical exam notes his neurologic exam to be intact. He was prescribed a Flector patch for his low back pain. A utilization review physician did not certify this request. MTUS guidelines are cited in the noncertification rationale. An Independent medical review has been requested to determine the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 60mg: 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): 111-113.

Decision rationale: MTUS guidelines specifically state regarding topical non-steroidal anti-inflammatory agents (NSAIDs): "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Likewise, the requested medication is not medically necessary.