

<b>Case Number:</b>	CM14-0214918		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/09/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Texas, California  
 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:

This is a 59 years old male patient who sustained an injury on 12/09/2010. He sustained the injury when he stepped of a curb and fell. The current diagnoses include chronic pain, lumbago, lumbosacral spondylosis and obesity. Per the doctor's note dated 12/2/2014, he had complaints of low back pain at 5/10. The physical examination revealed antalgic gait with assistive device, hyperlordotic curvature of the lumbosacral spine, decreased range of motion with extension, tenderness over the sacrum, normal strength, decreased light touch and pin prick sensation in distal lower extremities and normal reflexes. The medications list includes ibuprofen, lisinopril, metformin, furosemide, famotidine, hydrocodone and timolol drops. He has had lumbar MRI in 2011 which revealed degenerative disc disease and facet hypertrophy at L3-4 and L4-5. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbosacral spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304, Special studies and diagnostic and treatment consideration. Decision based on Non-MTUS Citation Chapter:Low Back (updated 01/30/15)

**Decision rationale:** Request: MRI of the lumbosacral spine. Per the ACOEM low back guidelines unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags.In addition, per the records provided patient has already had lumbar MRI in 2011 which revealed degenerative disc disease and facet hypertrophy at L3-4 and L4-5. Per the cited guidelines Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation).Any significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided.Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided.The medical necessity of MRI of the lumbosacral spine is not fully established for this patient at this juncture.

**Flector 1.3% adhesive patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): pages 111-112. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/10/15)

**Decision rationale:** Request- Flector 1.3% adhesive patch Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, 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.Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided.In addition, according to the ODG guidelines, flector patch is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and

liver. The medical necessity of Flector 1.3% adhesive patch is not fully established for this patient at this juncture.