

Case Number:	CM14-0215863		
Date Assigned:	01/05/2015	Date of Injury:	08/05/2006
Decision Date:	02/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 male worker who was injured while pulling a heavy mixer-grinder in a bent over position. He heard an audible snap and later that day experienced pain in his lower back area followed by stiffness and leg pain. The date of injury was August 5, 2006. Diagnoses include lumbar degenerative disc disease, spinal stenosis with neurogenic claudication, back pain, radiculitis and muscle spasm. On May 15, 2007, an MRI of the lumbar spine revealed a new tiny superior disc extrusion at L4-5. On December 2, 2014, the injured worker complained of lumbar spine pain described as throbbing and aching. The pain was rated as a 7 on a 1-10 pain scale. Symptoms were noted to be exacerbated by prolonged standing and prolonged walking. Physical examination of the lumbar spine revealed moderate tenderness to palpation at the right sciatic notch, lower lumbar spine, L3 spinous process, L4 spinous process and L5 spinous process. The lumbar range of motion was noted to be moderately decreased. Treatment modalities included chiropractic treatment, massage and medications. A request was made for Flector 1.3% transdermal patch quantity one. On December 10, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal patches #1 Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound Creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states for DICLOFENAC (Flector, Voltaren Gel) that it is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Therefore this request is not medically necessary.