

Case Number:	CM14-0076377		
Date Assigned:	05/07/2015	Date of Injury:	03/04/2006
Decision Date:	06/05/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/23/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 54-year-old female, who sustained an industrial injury on 3/04/2006. The injured worker was diagnosed as having lumbosacral sprain/strain without evidence of radiculopathy, status post cervical fusion with previous electromyogram and nerve conduction studies suggestive of C5 radiculopathy bilaterally, and right greater trochanter bursitis. Treatment to date has included diagnostics, cervical spine fusion in 2007, acupuncture, and medications. Currently, the injured worker complains of right back and hip pain. She stated that the Flector patches were particularly helpful, placing them on her upper and lower back. Occasionally she had headaches, for which she took over the counter medications. Other medication use included Ultracet. She did cooking and cleaning around the house to spend her time. Her body mass index was 41.92%. Her work status was permanent and stationary and she was retired. A secondary treating physician progress report (2/21/2014) noted pain in lumbar spine (rated 3/10) and neck (rated 5/10). Performance of activities of daily living escalated symptoms and reducing activities of daily living improved symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 box of Flector 1.3% patches (6 refills): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Online Edition, Chapter: Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work-related injury in March 2006 and continues to be treated for right low back and hip pain. When seen, medications were Ultracet (tramadol / acetaminophen) and Flector. The requesting provider, however, documents a moderate allergy to tramadol. Prior medications had included oral ibuprofen at 600 mg 2-3 times per day as needed. When seen, Flector was providing benefit. There was cervical spine tenderness with decreased range of motion and greater trochanteric bursa tenderness. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen has been prescribed without reported adverse side effect. Prescribing two non-steroidal anti-inflammatory medications would be duplicative. The request cannot be considered as medically necessary.