MAXIMUS Federal Services

Case Number:	CM15-0010440		
Date Assigned:	01/28/2015	Date of Injury:	01/07/2007
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 51 year old female who sustained an industrial injury on 01/07/2007. She has reported pain in the shoulders and back. The diagnoses have included disorders of bursae and tendons in shoulder region unspecified and intervertebral disc disorder with myelopathy. Treatment to date has included medications and office visits. Currently, the IW complains of back pain and is seen for follow up low back for medication refills. On examination of the lumbar spine/lower back, there is tenderness to palpation in the facet joints, negative paralumbar tenderness, negative muscle spasm, positive trigger point tenderness. The sacroiliac joints and piriformis fossa are nontender, there was a positive straight leg test, intact motor strength of the lower back and lower extremities, and normal reflexes of the lower extremities. On 01/12/2015 Utilization Review non-certified a request for Flector Patches 1.3 Percent Qty 60, noting there was no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis, and there was no medical narrative available for request The MTUS, Chronic Pain Guidelines were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3 Percent Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with pain affecting the back and bilateral shoulder. The current request is for Flector Patches 1.3 Percent Qty 60. The treating physicians report was not found in the documents provided. The MTUS guidelines state the following regarding topical NSAIDs: "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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the treating physician has not does not discuss the efficacy of this medication in any the medical reports provided for review. For chronic pain, MTUS page 60 requires a record of pain and function with medications used. Furthermore, a progress report dated 1/5/15 (18E) notes that the patient was tender to palpation of facet joints and had positive trigger point tenderness of the lumbar spine but there was no discussion of knee, elbow or other joint pain that would support the use of a topical analgesic. The current request does not satisfy the MTUS guidelines as outlined on pages 60 and 111. Recommendation is for denial.