

Case Number:	CM15-0110263		
Date Assigned:	06/16/2015	Date of Injury:	05/01/2003
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/08/2015

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: Arizona, 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:

The injured worker is a 61 year old female, who sustained an industrial injury on May 1, 2003. She reported pain in her lower back and pain and numbness in her bilateral lower extremities. Treatment to date has included lumbar epidural steroid injection, medications, MRI of the lumbar spine EMG/NCV of the bilateral lower extremities, activity modifications, physical therapy, and chiropractic therapy. Currently, the injured worker complains of continued low back pain with radiation of pain down the left leg. The injured worker reports that that her pain is worse when sitting down. On physical examination, the injured worker's forward flexion was full and she was able to touch her toes. A straight leg raise test on the left causes increased back pain and her deep tendon reflexes were equal bilaterally. A medical evaluation dated May 13, 2014 reveals that the injured worker was prescribed Flector patches in November 2013. The diagnoses associated with the request include lumbar spine sprain/strain and degenerative disc disease of the lumbar spine. The treatment plan includes continuation of Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 92-93.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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. In this case, the claimant has been prescribed a Flector for several months. The claimant had previously received interventions and medications as well. There is limited evidence to support long-term use of Flector. The Flector patch is not medically necessary.