

Case Number:	CM15-0117688		
Date Assigned:	06/26/2015	Date of Injury:	03/07/2001
Decision Date:	08/07/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 55-year-old female with a reported date of injury of 03/07/2001. The mechanism of injury was lifting a heavy box. The injured worker's symptoms at the time of the injury included low back pain and pain in the left lower extremity. The diagnoses include chronic pain syndrome, low back pain, spinal enthesopathy, unspecified fasciitis, degeneration of the intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, muscle spasms, severe depression, and anxiety. Treatments and evaluation to date have included psychotherapy, oral medications, topical pain medication, psychiatric treatment, physical therapy, and a transcutaneous electrical nerve stimulation (TENS) unit. The diagnostic studies to date have included an MRI of the lumbar spine on 04/21/2012, and electrodiagnostic studies on 04/27/2012. The follow-up report dated 04/09/2015 indicates that the injured worker complained of pain isolated in the lumbar region of the spine. The pain was described as a sharp/stabbing sensation. She rated her pain 7 out of 10 with medication, and 8 out of 10 without medication. The physical examination showed lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, positive lumbar facet loading maneuvers, and an unchanged lower extremity examination. It was noted that she had failed multiple conservative therapies. Pain management continued through medications. The treatment plan included the continuation of medications and gym membership. Work status was temporary total disability. The treating physician requested Flector patch with two refills, Omeprazole DR, and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3 Percent 60/30 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: flector patch.

Decision rationale: Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidal are not recommended for neuropathic pain. They are recommended for short-term use (4-12 weeks). The only FDA-approved topical NSAIDS are diclofenac formulations (Flector patch, diclofenac gel, Pennsaid solution). The ODG states that 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 of diclofenac, including topical formulations. The physician documentation in November 2014 noted that celebrex was discontinued and flector patch was prescribed due to restrictions regarding the injured worker's gastric bypass. The duration of use is in excess of the guideline recommendations. In addition, the site of application and directions for use were not specified. The injured worker was noted to have back pain, and the guidelines state that topical NSAIDS are not recommended for use for the spine. As such, the request for flector patch is not medically necessary.

Omeprazole DR 20 MG 60/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed Flector patch, a non-steroidal anti-inflammatory medication (NSAID), and Omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. The long-term use of a PPI (more than one year) has been shown to increase the risk of hip fractures. The injured worker has been taking Omeprazole since at least 09/24/2014. The associated NSAID, Flector patch, has been determined to be not medically necessary. Therefore, the request for Omeprazole is not medically necessary.

Norflex (Orphenadrine) 100 MG 90/30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Work status was noted as temporary total disability, and there was no documentation of improvement in specific activities of daily living as a result of use of Norflex. The guidelines also indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The injured worker has been taking Norflex since at least 09/18/2014 according to the medical records. Due to length of use in excess of the guideline recommendations and lack of functional improvement, the request for Norflex is not medically necessary.