

Case Number:	CM15-0120818		
Date Assigned:	07/01/2015	Date of Injury:	10/01/2008
Decision Date:	09/15/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Emergency 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 69 year old female, who sustained an industrial injury on October 1, 2008. She reported developing a pain in the mid back area as she was washing a bus after her morning bus route. The injured worker was diagnosed as having right thoracic pain with associated thoracic disc disease, history of right shoulder pain, lumbar disc disease status post lumbar laminectomy and fusion, and left lateral femoral cutaneous neuropathy following surgery. Treatments and evaluations to date have included x-rays, bracing, MRIs, lumbar laminectomy, TENS, physical therapy, home exercise program (HEP), and medication. On February 11, 2015, the injured worker complains of right shoulder pain, right peri-scapular pain, thoracic pain, low back pain, and left leg pain and numbness with intermittent episodes of urinary incontinence. The Primary Treating Physician's report dated February 11, 2015, noted the injured worker reported her low back pain better with her thoracic pain rated a 9-10/10, her arm pain as 7-8/10, and her left leg pain as 7-8/10. The injured worker reported getting relief from medications and rest, and had not been able to return to work. Physical examination was noted to show some tenderness to palpation across the lower lumbosacral region, particularly in the paraspinal areas, with decreased range of motion (ROM) in all arcs, and point tenderness at the inferior medial border of the left scapula, which radiated around into her thoracic region. The treatment plan was noted to include a request for a trigger point injection for the right thoracic area point tenderness. The injured worker was noted to be able to resume modified work consisting of deskwork only. The Joint Neurological Panel Qualified medical Examination dated April 16, 2015, noted the injured worker with lower back pain, tingling in the left lateral thigh,

left hip pain, ongoing thoracic pain that was stable, and ongoing right shoulder pain that was stable. Physical examination was noted to show the injured worker with a slight antalgic gait favoring the left leg, decreased touch sensation along the distribution of the lateral femoral cutaneous nerve with some hypersensitivity to palpation. Examination of the lumbar spine was noted to show full mobility in a sitting position with no specific tenderness over the paraspinal muscles. The UR noted a request for authorization was made on May 20, 2015, for a thoracic corset brace and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Corset Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back, and Low Back Chapters.

Decision rationale: The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, with corsets not recommended for managing low back complaints. The Official Disability Guidelines (ODG) notes that lumbar supports are not recommended for prevention, with strong evidence that they are not effective in preventing neck and back pain, and that there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented fusion for degenerative disease, but there may be special circumstances (multilevel cervical fusion) in which some external immobilization might be desirable. The injured worker's date of injury was in 2008, and was noted to have used bracing since, with continued lumbar and thoracic pain. The documentation provided did not include documentation of any acute injury or indication for continued use of the thoracic support. Based on the MTUS and Official Disability Guidelines, bracing is not recommended for preventative care or for managing neck and back pain, therefore the documentation provided did not support the medical necessity of the request for a thoracic corset brace. The request is not medically necessary.

Flector patch qty 30, plus 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) Flector patch (Diclofenac epolamine).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested medication contains Diclofenac, a non-steroid anti-inflammatory drug (NSAID). The Official Disability Guidelines (ODG) notes that Flector patch (Diclofenac epolamine) is not recommended as a first line treatment, and is FDA indicated for acute strains, sprains, and contusions. On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac, and there is no data that substantiate Flector efficacy beyond two weeks. Topical non-steroidal anti-inflammatory agents (NSAIDs) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. The site of application and directions for use were not specified, but the documentation provided noted the injured worker had lower back pain, tingling in the left lateral thigh, left hip pain, ongoing thoracic pain that was stable, and ongoing right shoulder pain that was stable which are sites that are not recommended for treatment with topical NSAIDs. The documentation provided did not include any documentation of monitoring of the transaminases or of objective, measurable documentation of the injured worker's response to the Flector patch and the specific duration of treatment. Based on the MTUS and Official Disability Guidelines (ODG), the documentation provided did not support the medical necessity for the request for Flector patch qty 30, plus 2 refills; therefore, the request is not medically necessary.