

Case Number:	CM15-0129906		
Date Assigned:	07/16/2015	Date of Injury:	07/29/2000
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/06/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 male, with a reported date of injury of 07/29/2000. The mechanism of injury was a fall off a chair with wheels. The injured worker fell backwards onto his head and back. The injured worker's symptoms at the time of the injury included immediate low back pain. The diagnoses include lumbar degenerative disc disease with facet arthropathy, lumbar myofascial strain, low back pain, lumbar stenosis, grade 1 anterolisthesis at L4-5, lumbar herniated nucleus pulposus, and lumbar radiculitis. Treatments and evaluation to date have included oral non-steroidal anti-inflammatory drug (NSAID), oral medications, a TENS (transcutaneous electrical nerve stimulation) unit, 14 physical therapy sessions which provided temporary relief, transforaminal epidural steroid injections in the lumbar spine which did not provide relief, 7 chiropractic therapy sessions with no relief, 4 acupuncture sessions with no relief, and a single point cane. The diagnostic studies to date have included an MRI of the lumbar spine on 08/27/2010 and 01/28/2012, and electrodiagnostic studies of the bilateral lower extremities on 07/20/2010 and 12/06/2011, and x-rays of the low back. The progress report dated 05/05/2015 indicates that the injured worker stated that his symptoms were worse. He reported increased pain on the right side of his low back. It was reported that the injured worker felt that his medication had no benefit. The injured worker had numbness that radiated down the back of his right leg. He was able to stand for 8-10 minutes before requiring a rest break. He currently rated his low back pain 10 out of 10; and 9 out of 10 on average. The report indicates that the MRI of the lumbar spine on 01/28/2012 showed degenerative disc disease with facet arthropathy and retrolisthesis, canal stenosis, and neural foraminal narrowing. The electrodiagnostic studies

of the bilateral lower extremities on 12/06/2011 showed no evidence of generalized peripheral neuropathy in either lower limb, bilateral S1 root involvement, or borderline left peroneal motor amplitude drop. The physical examination showed normal muscle strength in all major joints with range of motion, a normal gait pattern, limited lumbar extension on the right with moderate improvement in range of motion since the previous visit, and positive right lumbar facet loading. The treatment plan included the application of the Flector patch every 24 hours as needed. It was documented that if no modified work was available, the employer must keep the employee off work unless, and until, such modified work was made available. The treating physician requested Flector patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch #60: Overturned

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): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." Flector patch contains diclofenac, which is a non-steroidal anti-inflammatory drug (NSAID). The effectiveness in the clinical trials for topical NSAIDs have been inconsistent and most studies are small and of short duration. The guidelines also indicate that topical NSAIDs "may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." The injured worker had been taking Naproxen, but did not feel he was getting any relief from it. It was noted that the injured worker applied a Flector patch over the paraspinals, and it provided significant relief and reduction of the need for oral pain medications. The Naproxen was discontinued. Therefore based on the injured workers clinical response to treatment the request for Flector Patch #60 is medically necessary.