

Case Number:	CM15-0144199		
Date Assigned:	08/05/2015	Date of Injury:	08/09/2013
Decision Date:	10/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male with an industrial injury dated 08-09-2013. His diagnoses included lumbar disc degeneration, chronic pain, lumbar facet arthropathy, elevated liver enzymes and alcohol abuse. Prior treatment included facet radiofrequency rhizotomy (lumbar), weight loss program, home exercise program and medications. He presents on 06-24-2015 with complaints of constant low back pain radiating to bilateral lower extremities and bilateral feet. The pain was accompanied by numbness, tingling and muscle weakness in the bilateral lower extremities. The pain was rated as 9 out of 10 with medications and 10 out of 10 without medications. He reports the pain has worsened since his last visit. Physical exam noted spasm in lumbar 4-sacral 1 in bilateral paraspinous musculature. Range of motion of the lumbar spine was limited. The provider documents the injured worker was using Gabapentin and Hydrocodone/APAP and reported 90% improvement due to this therapy. He was "currently not working." The provider documents Flector has been tolerated well and has been helpful in improving function and reducing pain while avoiding the need to escalate opiate medications. Also documented is the injured worker had signed pain treatment agreement and had not exhibited "red flags" of potential abuse. The treatment request is for Flector 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Flector patches contain diclofenac, a non-steroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.