

Case Number:	CM15-0170946		
Date Assigned:	09/11/2015	Date of Injury:	10/14/1999
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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: Georgia, California, Texas
 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 50 year old male who sustained an industrial injury October 14, 1999. Past history included diabetes mellitus and hypertension. Diagnoses are backache, not otherwise specified; lumbago; lumbar disc displacement without myelopathy. According to a primary treating physician's progress report, dated July 29, 2015, the injured worker presented with low back pain. The physician documented an interim history of the injured worker completing physical therapy six years ago which helped to relax the muscles and he felt stronger and was moving better. He was given a HEP (home exercise program) but doesn't remember what to do. He can walk for 10 minutes and then develops pain. Current medication included Lisinopril, Glimepiride, and Pioglitazone. Physical examination revealed; show no signs of intoxication or withdrawal; lumbar spine-range of motion restricted with flexion, extension, right and left lateral bending, and lateral rotation right and left, limited due to pain; on palpation, paravertebral muscles, spasm, tenderness and tight muscle band noted on both sides; facet tenderness on bilateral L4, L5. Treatment plan included aqua therapy, and at issue, a request for authorization for Flector patch #60 with 3 refills. According to utilization review performed August 6, 2015, the request for Flector patch #60 with 3 refills is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends topical NSAIDs as an option for short-term use in patients with osteoarthritis or tendinitis in joints amenable to topical treatment, such as the knee. MTUS notes the topical NSAIDs have not been studied for treatment of the spine. Per office notes, the injured worker was previously receiving Celebrex but was unable to get this filled. He had tried using over-the-counter Advil instead, but reported GI upset. A trial of a non-selective NSAID plus a gastroprotective agent such as a proton pump inhibitor was not documented. Medical necessity is not established for the requested Flector patches, per the following rationale: 1. There is no evidence for efficacy of topical NSAIDs for treatment of the spine. 2. Other conservative options, including a non-selective NSAID with a PPI, have not been exhausted. 3. A four month supply of medication has been requested. In the absence of documented symptomatic and functional improvement with a trial of use, medical necessity is not established for a more prolonged course of treatment with Flector patch. The request is not medically necessary.