

Case Number:	CM15-0063336		
Date Assigned:	04/09/2015	Date of Injury:	11/15/2007
Decision Date:	05/15/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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 58 year old male, who sustained an industrial injury on 11/15/2007. He has reported injury to the low back. The diagnoses have included lumbago; lumbar disc disorder; sciatica; spondylolisthesis; bilateral knee pain, and chronic pain syndrome. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulator) unit, epidural steroid injections, physical therapy, and surgical intervention. Medications have included Norco, Cymbalta, Pennsaid Solution, and Baclofen. A progress note from the treating physician, dated 03/06/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic low back pain with radiation into both of the legs, as well as intermittent numbness and cramping in both feet. Objective findings included diffuse tenderness of the lumbar spine; decreased range of motion due to pain; and diffuse hypesthesia to pinprick and light touch in the left lower extremity non-dermatomal pattern. The treatment plan has included the request for Flector Patch 1.3% quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Topical Analgesics.

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

Decision rationale: Flector patches contain diclofenac, a nonsteroidal 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.