

Case Number:	CM15-0064896		
Date Assigned:	04/13/2015	Date of Injury:	05/09/2007
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 5/9/07 when she lifted a patient and felt a cramp in her lower back and felt that something had shifted. She has low back pain that radiated to left leg. She has increasing urinary incontinence. Treatment included conservative measures, an epidural injection and to date has had four spinal surgeries which did not improve her situation. The original diagnosis was lumbar sprain/ strain. Of note, she had a prior injury with a diagnosis of lumbar sprain/ strain (2002). She currently complains of low back and lower extremity pain. Her pain level is 7/10. Medications include Lyrica, Skelaxin, Flector patch, Effexor, trazadone. Diagnoses include lumbar spondylolisthesis L5-S1; L5-S1 fusion (4/26/11); status post exploration of fusion L4-5and S1 (2/12/12); L4 to S1 fusion. Treatments to date include several tranforaminal epidurograms, medications, exercise (jogging). Diagnostics include lumbar x-rays (10/29/12, 1/28/08, 3/16/09, 9/12/11) showing abnormalities; computed tomography myelogram (6/2010) with abnormal results; MRI of the lumbar spine (7/07, 1/6/11) with abnormalities. In the progress note dated 3/25/15 the treating provider's plan of care includes a request Flector Patches for topical pain and inflammation relief. Per the doctor's note dated 3/25/15 patient had complaints of low back pain and left lower extremity pain at 5/10 with numbness and radiation. Physical examination of the low back revealed tenderness on palpation, limited range of motion and positive Gilet and Patrick Faber test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Chronic Pain - Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15) Flector patch.

Decision rationale: Request: Flector patch #60. Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any intolerance or contraindication to oral medications was not specified in the records provided. Per the records provided evidence of neuropathic pain was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Lyrica. The detailed response of the Lyrica for this injury was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. In addition, according to the ODG guidelines, Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The medical necessity of the request for Flector patch #60 is not fully established in this patient.