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| Case Number: | CM15-0066582 | | |
| Date Assigned: | 04/14/2015 | Date of Injury: | 06/05/2013 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 26 year old male sustained an industrial injury to the back on 6/5/13. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, home exercise and medications. In a PR-2 dated 1/13/15, the injured worker complained of back pain with spasms and radiation to bilateral lower extremities. The injured worker reported that samples of Flector patches had been helpful. The injured worker was using them sparingly. Physical exam was remarkable for tenderness to palpation along the lumbar paraspinal musculature, iliolumbar and sacroiliac regions, equivocal facet maneuver, and spasms to the thoracic spine musculature. Current diagnoses included thoraco-lumbar strain with myofascial pain and spasms and minimal L4-5 and L5-S1 disc protrusions. The treatment plan included continuing home exercise, medications (Flexeril, Mobic and Ultram) and a prescription for Flector patch. Samples of Voltaren gel were given to the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flector patch, provided on date of service: 01/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with back pain. The request is for Retrospective Request For Flector Patch Provided On Date Of Service 1/29/15. Physical examination to the lumbar spine on 03/24/15 revealed tenderness to palpation along the lower lumbar paraspinal muscles, iliolumbar and sacroiliac regions as well as the upper left lumbar paraspinal areas. Patient's treatments have included physical therapy and medications. Per 01/13/15 progress report, patient's diagnosis include thoracolumbar strain with myofascial pain and back spasm, and minimal L4-L5 and L5-S1 disc protrusions. Patient's medications, per 03/24/15 progress report include Mobic and Flexeril. Patient's work status is modified duties. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states: Indications: Osteoarthritis and tendonitis, 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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The patient has been utilizing Flector patches since 12/09/14. However, the treater does not discuss how this medication decreases pain and improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. The request does not meet MTUS indications. Therefore, the request is not medically necessary.