

Case Number:	CM15-0070788		
Date Assigned:	04/20/2015	Date of Injury:	02/19/2013
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

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 53 year old female who sustained an industrial injury on 2/19/2013. Her diagnoses, and/or impressions, included: lumbosacral disc herniation; right lumbar radiculopathy; lumbar spondylosis without myelopathy; and chronic pain syndrome. No current magnetic resonance imaging studies are noted. Her treatments have included physical therapy sessions, >25; spine surgeon evaluation; transcutaneous electrical stimulation unit therapy; epidural steroid injection therapy, > 4 injections and all ineffective; chiropractic treatments - ineffective; and opioid and non-opioid medication management - ineffective. Progress notes of 1/16/2015 reported significant, severe, throbbing pain down her right buttock and down her right leg, and that she is now depressed that she is unable to stoop, bend or walk > 15 minutes, or return to work. No medical records provided show the physician's requests for treatments to include Flector patches with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3%, day supply: 30, qty: 60, refills: 6 prescribed 3-6-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains an NSAID. MTUS guidelines state regarding topical "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Likewise, the requested medication is not medically necessary.