MAXIMUS Federal Services

Case Number:	CM15-0072417		
Date Assigned:	04/22/2015	Date of Injury:	07/18/2012
Decision Date:	05/20/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 48 year old female, who sustained an industrial injury on 7/18/2012. She reported low back pain. The injured worker was diagnosed as having chronic low back pain, lumbar internal disc disruption, and lumbar radiculitis. Treatment to date has included medications, urine drug screening, transcutaneous electrical nerve stimulation, and lumbar epidural steroid injection. The request is for Flector patches. On 1/15/2015, she complained of continued low back pain. She had had an epidural steroid injection on 1/5/2015, which reportedly reduced her pain by 80%. The treatment plan included: Dilaudid, Xanax, EMPI TENS unit purchase, monitor and follow up. The records indicate she was prescribed Flector patches on 3/12/2015, indicating she is unable to tolerate oral non-steroidal anti-inflammatory drugs. On 3/12/2015, she denies excessive sedation, nausea/vomiting associated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3%, #60: Upheld

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

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

Decision rationale: The patient is a 48-year-old female with an injury on 07/18/2012. She has low back pain. Flector patch is topical diclofenac, an NSAID. MTUS guidelines note that topical NSAIDS have been inconsistent and clinical trials are small studies of short duration. They are superior to placebo for only two weeks. Also there is little evidence to use topical NSADS for back pain; it is not medically necessary for this patient.