

Case Number:	CM15-0074954		
Date Assigned:	04/24/2015	Date of Injury:	07/06/2011
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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:

This is a 32 year old male patient, who sustained an industrial injury on 7/6/2011. He reported injury from a metal beam falling on his left thigh, causing a severe laceration and compartment syndrome. The diagnoses include progressive left lumbar 5 radiculopathy secondary to a disc bulge, possible post-traumatic sciatic neuropathy and left thigh laceration with compartment syndrome. Per the progress notes dated 2/19/2015 and 2/26/2015, he had complains of low back, left thigh and leg pain. The physical examination revealed lumbar paraspinal tenderness, antalgic gait with foot drop and pain with lumbar range of motion. The medications list includes percocet, mobic, flector patch, lidopro cream and medrol dosepak. He has had QME report on 3/17/2015. He has had lumbar MRI on 5/16/2013 and 12/26/2013; lumbar spine x rays with normal findings and magnetic resonance imaging pelvis dated 2/27/2015 which revealed bilateral femoro-acetabular impingement with associated superior labral tears; EMG/NCS lower extremities dated 3/3/15 with normal findings. Treatment to date has included lumbar epidural steroid injection, physical therapy, trigger point injections and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dosepack: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Medrol dose pack Oral corticosteroids.

Decision rationale: Per the ODG guidelines cited below, oral corticosteroids are "Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol methylprednisolone) tablets are not approved for pain. (FDA, 2013)" Therefore, there is no high grade scientific evidence to support the use of oral corticosteroids for this diagnosis. Response to other pharmacotherapy including NSAIDs for pain is not specified in the records provided. Oral steroid is recommended for Polymyalgia rheumatica (PMR). Evidence of Polymyalgia rheumatica (PMR) is not specified in the records provided. The medical necessity of Medrol Dosepack is not fully established in this patient at this time. The request is not medically necessary.

Flector 1.3% patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/30/15) Flector patch (diclofenac epolamine).

Decision rationale: Request: Flector 1.3% patch. 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." Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, according to the ODG guidelines, flector patch is "Not recommended as a first-line treatment." Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Post marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver. The request of Flector 1.3% patch is not medically necessary.