

Case Number:	CM15-0078113		
Date Assigned:	04/29/2015	Date of Injury:	06/03/1998
Decision Date:	05/26/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 73-year-old female, who sustained an industrial injury on 6/03/1998. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical radiculitis, lumbar radiculitis, anxiety, depression and chronic pain. Treatments to date include medication therapy, activity modification, moist heating pad, TENS unit and home exercise. Currently, she complained of worsening low back pain with radiation to bilateral lower extremities. On 3/13/15, the physical examination documented spasm and tenderness to lumbar spine with limited range of motion. The plan of care included continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60: 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): 111-112.

Decision rationale: Flector 1.3% Patch #60 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The documentation indicates that the patient has low back pain and topical NSAIDs are not recommended for the spine. The documentation indicates that the patient is to avoid NSAIDs due to history of abnormal renal function. For all of these reasons the request for Flector patch is not medically necessary or appropriate.

Tegaderm dressing #60: Upheld

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

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

Decision rationale: Tegaderm dressing #60 is not medically necessary as the Tegaderm was to be used with the Flector Patch and the Flector patch was deemed to not be medically necessary. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The documentation indicates that the patient has low back pain and topical NSAIDs are not recommended for the spine. The documentation indicates that the patient is to avoid NSAIDs due to history of abnormal renal function. For all of these reasons the request for Flector patch as well as Tegaderm dressing are not medically necessary or appropriate.