

Case Number:	CM15-0094582		
Date Assigned:	05/20/2015	Date of Injury:	08/12/2005
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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:

The injured worker is a 58-year-old male, who sustained an industrial injury on August 12, 2005. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration, chronic pain syndrome, myofascial pain syndrome and discogenic pain syndrome. Treatment to date has included medication. A progress note dated February 9, 2015 the injured worker complains of low back pain rated 4/10. He is reported to be experiencing flare-ups that appear to be inflammatory in nature. Physical exam notes cervical tightness and no lumbar spasm. The plan includes follow-up with family physician, Flector patches and fish oil.

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 with 3 refills: 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), Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Chapter Pain and Topic Flector patch.

Decision rationale: The patient presents with low back pain rated 4/10. The request is for Flector patch 1.3% #60 with 3 refills. The request for authorization is not provided. Physical examination of the lumbar spine reveals myofascial restrictions. He has experienced some recent flare-ups, but there has been no spasm. There have been no new injuries. Patient's medications include Ibuprofen, Nasonex, Xalantan, Fish Oil and Zolpidem. Ibuprofen is to be taken as needed, but Flector patches are to replace the ibuprofen whenever possible. The patient's work status is not provided. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, 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)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Per progress report dated 03/25/15, treater's reason for the request is "recommending Flector patches in lieu of [ibuprofen] as Flector is a topical anti-inflammatory agent and much less chance for GI side effect." However, the patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. Patient has been prescribed Flector patches since at least 02/09/15. MTUS require recording of pain and function when medications are used for chronic pain (p60). Given the lack of specific discussion regarding this topical product, it cannot be assumed that it has resulted in pain reduction and functional improvement, otherwise unachieved without this product. Therefore, the request is not medically necessary.

Fish oil (unspecified dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cod liver oil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Fish oil: See Omega-3 fatty acids (EPA/DHA).

Decision rationale: The patient presents with low back pain rated 4/10. The request is for fish oil (unspecified dose and qty). The request for authorization is not provided. Physical examination of the lumbar spine reveals myofascial restrictions. He has experienced some recent flare-ups, but there has been no spasm. There have been no new injuries. Patient's medications include Ibuprofen, Nasonex, Xalantan, Fish Oil and Zolpidem. Ibuprofen is to be taken as needed, but Flector patches are to replace the ibuprofen whenever possible. The patient's work status is not provided. ODG-TWC, Pain (Chronic) Chapter, under Fish oil: "See Omega-3 fatty acids (EPA/DHA)." Omega-3 fatty acids (EPA/DHA): Recommended for treatment of certain cardiovascular conditions (see below) and for treatment of rheumatoid arthritis. Use for treatment of mood disorders (such as depression) is best suited for pregnant and lactating women, elderly people who cannot tolerate the side effects of conventional antidepressants, and people with cardiovascular and autoimmune disease (for which there may be dual benefits).

Neuropathic pain: Research is limited to case studies in terms of the use of omega-3 fatty acids for this pathology and use is not recommended. Treater does not specifically discuss this medication. The patient has been prescribed Fish Oil since at least 12/05/13. However, the patient does not present with cardiovascular conditions or rheumatoid arthritis, for which Fish Oil would be indicated. Furthermore, ODG does not support the use of Fish Oil for chronic neuropathic pain at this time. Therefore, the request is not medically necessary.