MAXIMUS Federal Services

| Case Number: | CM15-0096054 | | |
|---|---|---|---|
| Date Assigned: | 05/26/2015 | Date of Injury: | 05/25/2011 |
| Decision Date: | 06/24/2015 | UR Denial Date: | 05/04/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

## 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 61-year-old female, who sustained an industrial injury on May 25, 2011. The injured worker was diagnosed as having left elbow contusion, disc protrusion and sacral contusion. Treatment to date has included medication and magnetic resonance imaging (MRI). A progress note dated April 20, 2015 the injured worker complains of back pain flare up. There is numbness and tingling in the left leg. She rates the pain 7-/10. She rates the pain 4/10 with medication and 10/10 without medication. Magnetic resonance imaging (MRI) was reviewed and revealed disc bulge. Physical exam notes lumbosacral tenderness with spasm and trigger points. There is decrease range of motion (ROM) with positive straight leg raise on the left. The plan includes Flector patch, Prilosec, Norco, Robaxin, consultation and home exercise.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3% quantity 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

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

**Decision rationale:** The claimant sustained a work injury in May 2011 and continues to be treated for radiating back pain. When seen, she was having a flare of back pain with left lower extremity radicular symptoms. Pain was rated at 4-7/10. Physical examination findings included decreased lumbar spine range of motion with tenderness, muscle spasm, and per points. There was a positive left straight leg raise.Topical analgesics are recommended as an option and although primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed may also be useful for chronic musculoskeletal pain. In this case, the claimant has reported benefit with the use of Flector without reported adverse side effect. The dose is within that recommended for use and the quantity requested is consistent with the number being prescribed. Therefore, Flector was medically necessary.

**Prilosec 20mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole,Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Topical Analgesics, p111-113 (2) NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71, 111-113.

**Decision rationale:** The claimant sustained a work injury in May 2011 and continues to be treated for radiating back pain. When seen, she was having a flare of back pain with left lower extremity radicular symptoms. Pain was rated at 4-7/10. Physical examination findings included decreased lumbar spine range of motion with tenderness, muscle spasm, and per points. There was a positive left straight leg raise. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant is not taking an oral NSAID. The claimant has reported benefit with the use of Flector without reported adverse side effect. Topical NSAIDs have a better safety profile than oral NSAIDs. Adverse effects secondary to topical NSAID use occur in about 10 to 15% of patients and are primarily cutaneous with a rash and/or pruritus where the topical NSAID is applied. Overall, gastrointestinal adverse drug reactions are rare and not likely associated with topical NSAIDs after adjustment for use of other drugs. Therefore, Prilosec was not medically necessary.