

Case Number:	CM15-0099601		
Date Assigned:	05/27/2015	Date of Injury:	01/10/2009
Decision Date:	06/25/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Emergency 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 59-year-old female patient who sustained an industrial injury on 01/10/2009. The accident is described as the worker having had an acute onset of sciatica. She did undergo a lumbar fusion in 2009 along with subsequent hardware removal. She did complete a course of pool therapy with some noted temporary relief. A recent primary treating office visit dated 04/17/2015 reported the patient having undergone administration of sacroiliac joint injection approximately one month ago with note of the SI pain "doing well". She is in need of medication refills, noted having had difficulty obtaining Flector patches, and has been using them less due to inability to obtain additional patches. She reports having a history of multiple urinary tract infections and pelvic infections. In addition, she is with subjective complaint of having lumbar pain, bilateral leg pain. She was offered to receive trigger point injections this visit for which she declined at that time. Objective findings showed the patient ambulates with a cane. The heel-toe-walk is limited. Diagnostic testing showed a MRI performed 03/05/2012 revealed there is evidence for prior posterior fusion with bilateral pedicle screws at L4-L5; a mild grade I anterolisthesis of L4 and L5; levoscoliosis; moderate disc desiccation with disc space narrowing and mild marginal spurring and mild degenerative changes. The assessment noted the patient with degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis unspecified and post laminectomy syndrome of lumbar region. The plan of care noted the patient continuing with current medication regimen and follow up visit in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector 1.3% patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk Page(s): 68-69, 111-1123.

Decision rationale: The requested 1 prescription of Flector 1.3% patches #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID's have the potential to raise blood pressure in susceptible patients. The injured worker has lumbar pain, bilateral leg pain. She was offered to receive a trigger point injections this visit for which she declined at that time. Objective findings showed the patient ambulates with a cane. The heel-toe-walk is limited. Diagnostic testing showed a MRI performed 03/05/2012 revealed there is evidence for prior posterior fusion with bilateral pedicle screws at L4-L5; a mild grade I anterolisthesis of L4 and L5; levoscoliosis; moderate disc desiccation with disc space narrowing and mild marginal spurring and mild degenerative changes. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 prescription of Flector 1.3% patches #30 is not medically necessary.