

Case Number:	CM14-0173540		
Date Assigned:	10/24/2014	Date of Injury:	04/16/2012
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/21/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 30-year-old woman with a date of injury of April 16, 2012. The mechanism of injury occurred while lifting. The IW has chronic low back pain. Pursuant to the progress note dated August 14, 2014, the IW presents for follow-up of bilateral low back pain. She states that her pain is getting worse and the low back pain is starting to radiate up her back. Present pain is rated 8/10. Average pain is 7-9/10. Associated symptoms include: right lower extremity weakness, tingling in the right lower extremity noted, stiffness and spasms of the low back noted. The IW reports difficulty staying asleep due to pain. Physical examination reveals lumbar spine tenderness to palpation over the paraspinal muscles overlying the facet joints and the SI joints on the right side. Diagnoses include: Fibromyositis, displacement of lumbar intervertebral disc without myelopathy, and chronic pain syndrome. Current medications include: Cyclobenzaprine 5mg, Lidoderm patches 5%, Miralax, and Naproxen sodium 550mg, which make her tired. The IW was encouraged to continue home exercise program, stretching routines, and to take medications as prescribed. The provider notes that the IW takes Nabumetone for pain/inflammation and Cyclobenzaprine for muscle spasms. These medications allow the IW to effectively manage pain and maintain current levels of function. There was no discussion as to why the regarding the IW was on 2 different anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal patch, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Flector 1.3% transdermal patch #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist) it has not been evaluated for treatment of spine, hip or shoulder. In this case, the injured worker relates to the treating physician that naproxen makes her sleepy. There are a number of additional nonsteroidal anti-inflammatory drugs, other than naproxen, to use if naproxen, in fact, causes sleepiness in the injured worker. However, Flector 1.3% transdermal patch (Diclofenac) is not recommended and has not been evaluated for treatment of the spine, hip or shoulder. Consequently, application to the lumbar spine is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flector Transdermal 1.3% patch #60 is not medically necessary.