

<b>Case Number:</b>	CM13-0022252		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 patient is a 69-year-old female who reported a work related injury on 01/10/2011, as a result of a fall. The patient presents for treatment of the following diagnoses: right wrist TFCC tear, combined with lunotriquetral ligament tear, and membranous portion of scapholunate ligament tear without scapholunate dissociation; right wrist ulnar impaction syndrome symptomatology; and right wrist extensor carpi ulnaris tenosynovitis. The clinical note dated 09/30/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports she is ready to resume regular work duties with no modifications as the pain to the right wrist had subsided. The provider documented that upon physical exam of the patient, the right wrist range of motion was noted to be at 70 dorsiflexion, 63 degrees palmar flexion, 25 degrees radial deviation. The provider documented the patient had reached maximum medical improvement as of 09/11/2013 and the patient was released from care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3 %:** 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

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

**Decision rationale:** The current request is not supported. The clinical notes failed to evidence the patient's reports of efficacy with utilization of the requested topical analgesics Flector patch. Clinical notes do not indicate duration of use or efficacy of treatment as noted by a decrease in rate of pain on a VAS scale and increase in objective functionality. California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Given all the above, the request for Flector patch 1.3% is not medically necessary or appropriate.