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| Case Number: | CM13-0063007 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/28/2009 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 04/29/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with depression, shoulder pain, and cervical pain. The patient was seen by [REDACTED] on 11/13/2013. The patient reported ongoing pain with activity limitation. Physical examination revealed restricted cervical range of motion, tenderness to palpation of the thoracic spine, limited shoulder range of motion, tenderness to palpation of the left elbow, tenderness to palpation with positive Tinel's and Phalen's testing of bilateral wrists, and intact sensation. Treatment recommendations included a prescription for Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for Flector 1.3% patch #30 with a date of service of 11/13/2013:
Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. However, topical NSAIDs may be useful for chronic musculoskeletal pain. The clinical information submitted for review indicated the patient was using Celebrex as an anti-inflammatory; however, this was sometimes not effective alone and the patient has a history of GI side effects. The physician was recommending the patient try the Flector patch in an effort to help improve her pain and decrease the incidence of GI side effects from the oral Celebrex. Therefore, given the above information, a trial of the requested Flector patch would be supported. As such, the request is certified.