

Case Number:	CM14-0103868		
Date Assigned:	07/30/2014	Date of Injury:	07/13/2011
Decision Date:	10/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 is a 30-year-old male who was reportedly injured on 07/13/2011. Progress note dated 03/21/2014 noted the injured worker complaining of headache that was rated 5-6/10. Physical exam of the cervical spine revealed moderate loss of lordosis, spinous process tenderness at C6 and C7 along with tenderness at the paracervical muscles, rhomboids and trapezius. Exam of the lumbar spine revealed restricted range of motion with extension to 10 degrees with pain and paravertebral muscle spasm and tenderness bilaterally. Spinous process tenderness was also noted at L3, L4 and L5 with multiple myofascial trigger points. Lumbar facet loading was positive along with Faber test and tenderness over the sacroiliac joint bilaterally. A request was made for Flector 1.3% patch, apply 1 patch for 12 hrs./day, # 60, 1refill and was not certified on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch # 60 with 1refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Drug.co updated Apr 15th, 2014, Flector Patch www.drugs.com/flector

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

Decision rationale: The request for Flector 1.3 % Patch # 60 with 1 refill is not medically necessary. The submitted clinical records indicate that the injured worker has previously been prescribed Flector Patches. Per the 03/21/14 clinical note the injured worker did not "like" the patches and this medication was discontinued. Further, California Medical Treatment Utilization Schedule does not support topical analgesics as there is little clinical data to establish the efficacy of topical analgesics. As such, the medical necessity of this request is not established.