

Case Number:	CM14-0011636		
Date Assigned:	02/21/2014	Date of Injury:	08/25/2011
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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:

California MTUS Guidelines state topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. As per the documentation submitted, the injured worker has utilized Flector patch since 09/2013. Despite ongoing use of this medication, the injured worker continues to report neck, low back, and left shoulder pain. There is also no frequency listed in the current request. Therefore, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF FLECTOR TRANSDERM 1.3%, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. As per the documentation submitted, the injured worker has utilized Flector patch since 09/2013. Despite ongoing use of this medication, the injured worker continues to report neck, low back, and left shoulder pain. There is also no frequency listed in the current request. Therefore, the

request for pharmacy purchase of Flector Transderm 1.3%, #30 is not medically necessary and appropriate.