

Case Number:	CM14-0014950		
Date Assigned:	02/28/2014	Date of Injury:	03/07/2008
Decision Date:	06/27/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 66 year old female who sustained work related injuries on 03/07/08. The claimant sustained injury to her neck and right shoulder as result of lifting 50 pound water bottle on to a base. MRI of the cervical spine identified neural compression at C5-6-7. MRI of the right shoulder identified fraying of the rotator cuff. She received cervical epidural steroid injections and intraarticular injection into the shoulder. On physical examination cervical range of motion was restricted, cervical spasms, tenderness, and tight muscle bands were noted in the paravertebral musculature bilaterally. Motor testing was limited secondary to pain. Motor strength was graded as 5/5 in the finger flexors, wrist extensors, and elbow flexors bilaterally. Grip strength was graded 5/5 bilaterally. Light touch sensation was decreased over the thumb and lateral forearms on both sides. Utilization review determination dated 02/04/14 non-certified a request for Flector 1.3% patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3 PERCENT PATCH #60 USE TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 112-113. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Topical Analgesics, page 112-113.

Decision rationale: The submitted clinical records indicate the claimant sustained work related injuries on 03/07/08. Since this date the claimant had chronic neck pain radiating into the shoulder for which she has received treatment that included oral medications physical therapy and cervical epidural steroid injections. California Medical Treatment Utilization Schedule (CAMTUS) does not support the use of topical analgesics in the treatment of chronic pain as this treatment is considered largely experimental and the efficacy has not been established. Additionally the record provides no data establishing that the claimant has had benefit or exhausted prior first line therapeutic treatments. Therefore, the request for Flector 1.3 percent patch #60 use twice daily is not medically necessary and appropriate.