

Case Number:	CM14-0021378		
Date Assigned:	05/07/2014	Date of Injury:	09/04/2008
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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 American Board of Orthopaedic Surgery and is licensed to practice in California. 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 employee is a 49-year-old female who sustained a work-related injury on September 4, 2008, when she sustained second-degree burns of her neck and left chest from a container of hot sauce which spilled on her. Prior treatment has included laser treatment for hypertrophic scarring of the left breast region as well as physical therapy. A physician's progress report on an unknown date states that the injured employee complains of left-sided chest pain for which she takes Ibuprofen, Tramadol, and Prilosec. There is a prior request dated February 6, 2014 for Fluriflex and TGice which was not medically necessary due to lack of reason of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX: LEFT BREAST AND LEFT CHEST WALL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

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

Decision rationale: The attached medical record supplies no information regarding the medical necessity of Fluriflex. Without this information provided ignoring the reported clinical

indication, this request is determined to be not medically necessary based on California Medical Treatment Utilization Schedule (CAMTUS) guidelines.

TGICE: LEFT BREAST AND LEFT CHEST WALL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

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

Decision rationale: The attached medical record supplies no information regarding the medical necessity of TGICE. Without this information provided, this request is determined to be not medically necessary based on California Medical Treatment Utilization Schedule (CAMTUS) guidelines.