

Case Number:	CM14-0026229		
Date Assigned:	06/13/2014	Date of Injury:	12/05/2007
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/02/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 55 year old female with an injury date of 12/05/07. Based on the 10/08/13 progress report provided by [REDACTED], the patient complains of pain in the lower back, right wrist, right elbow, shoulder, and bilateral knees. "Examination of the bilateral shoulder reveals tenderness to palpation over the subacromial regions and periscapular musculature, bilaterally." Both the impingement and cross arm tests are positive. The patient's diagnoses include the following: 1. Lumbar musculoligamentous sprain/strain and multilevel two-to four-millimeter disc bulge T12-S1, and right neuroforaminal stenosis at L4 L5 per MRI scan dated 02/10/09. [REDACTED] is requesting for 1 prescription of flector patches. The utilization review determination being challenged is dated 02/04/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/02/13- 10/08/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLECTOR PATCHES: 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 topical creams Page(s): 111.

Decision rationale: According to the 10/08/13 report by the treating physician, the patient presents with pain in the lower back, right wrist, right elbow, shoulder, and bilateral knees. The request is for 1 prescription of flector patches for pain. The patient has been using Flector patches since 08/21/13. There are no discussion regarding how the Flector patches impacted the patient's pain and function. Regarding topical agents, MTUS states, "There is little to no research to support the use of many of these agents." For topical NSAIDs, the indications are for peripheral joint arthritis/tendinitis for typically short-term use. There is not a single mention regarding how Flector patches may have helped this patient ever since she starting using it on 08/21/13. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Therefore, the request is not medically necessary.