

Case Number:	CM14-0038897		
Date Assigned:	06/27/2014	Date of Injury:	01/22/2005
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 Medicine and Rehabilitation and is licensed to practice in Nevada. 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 gentleman who was reportedly injured on January 22, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 13, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The current medication regimen was stated to not be working. The physical examination demonstrated ambulation with the assistance of a cane. The range of motion of the cervical spine was barely limited and muscle spasms and tightness or present along the super scapular region as well as along the lumbar spine. There was a positive straight leg raise test bilaterally. Range of motion of the lumbar spine was limited secondary to pain. There was decreased sensation at the L4, L5, and S1 dermatomes bilaterally. Diagnostic nerve conduction studies showed evidence of a mild left L5 radiculopathy. A request had been made for Flector patches and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines topical anti-inflammatory medications are only indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints amenable to topical treatment. Additionally there only intended for individuals who are unable to tolerate oral anti-inflammatories. A review of the attached medical record indicates that the injured employee has neck pain and back pain rather than any joint pain. Furthermore there is no evidence that the injured employee cannot tolerate oral non-steroidal anti-inflammtory drugs. For these reasons this request for Flector 1.3% is not medically necessary.