

Case Number:	CM14-0043644		
Date Assigned:	07/02/2014	Date of Injury:	07/29/2010
Decision Date:	08/14/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/10/2014

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 Illinois. 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 60-year-old female who reported an injury on 07/29/2010 who reportedly sustained an injury to her pelvis, pelvic organs, tailbone, and hips after being exposed to toxic fumes. On the date of her injury, her foot was caught when she was turning her chair. The injured worker's treatment history included psychiatry supplemental report, surgery, and topical analgesics. The injured worker was evaluated on 06/09/2014 and it was documented that the injured worker had medial thigh numbness and right hip pain. Physical examination revealed traces bilateral Trendelenburg, minimal limp, and normal gait. There was no medication listed for the injured worker. Diagnosis included status post revision left total hip replacement and depression/anxiety. The request for authorization dated 04/02/2014 was for physical therapy and Flector patch; however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 03/18/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111 Page(s): 111.

Decision rationale: The request for the Flector Patches 1.3% is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. Flector patches ointment contains Lidocaine 4% and menthol 4%. The guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains Lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or home exercise regimen. In addition, there was no documentation provided on frequency or location where the Flector patches would be applied. As Flector patches contain Lidocaine which is not recommended, the proposed compounded product is not recommended. As such, the request is not medically necessary.

Physical therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted lacked evidence of any conservative care measures such as the outcome of pain management and home exercise regimen. In addition, there was lack of evidence of the injured worker attending any prior physical therapy and the request did not indicate where the physical therapy is needed for the injured worker. Given the above, the request for is not medically necessary.