

Case Number:	CM14-0084232		
Date Assigned:	07/21/2014	Date of Injury:	02/06/2004
Decision Date:	08/26/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 54 year old female who had a work related injury on 02/06/02. There was no clinical documentation on mechanism of injury. The injured worker had bilateral carpal tunnel syndrome and underwent bilateral carpal tunnel release. The patient rated her pain 5-6/10 and 8-9/10. The injured worker had pain in bilateral hands with occasional swelling and numbness and tingling. She is working without restrictions. The injured worker took vicodin, amitriptyline, and naproxen. Ibuprofen caused gastrointestinal (GI) upset. It is noted, the injured worker would like topical patches for pain. Physical examination revealed range of motion zero to one hundred forty degrees, no tenderness in the hand, no thenar atrophy, no triggering, negative Finklestein, wrist flexion/extension sixty degrees. Radial deviation twenty degrees. Ulnar deviation thirty degrees, noting negative Tinel. Prior utilization review on 05/08/14 was not medically necessary. Current request was for Flector 1.3 percent #30 patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #30 patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical analgesics.

Decision rationale: The request for Flector 1.3 percent #30 patches, is not medically necessary. The clinical documentation submitted for review does not support the request. Recommended Indications is for acute strains, sprains, and contusions. The injured workers date of injury is 02/06/02, therefore not medically necessary.