

Case Number:	CM15-0006124		
Date Assigned:	01/15/2015	Date of Injury:	02/25/1997
Decision Date:	03/20/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female who reported an injury on 02/25/1997 due to an unknown mechanism of injury. The injured worker's treatment history included right shoulder surgery that ultimately resulted in chronic adhesive capsulitis. The injured worker's postsurgical treatment history had included physical therapy, anti-inflammatory medications, and a TENS unit. The injured worker was evaluated on 08/13/2014. It was documented that the injured worker had decreased range of motion by 30% of the right shoulder. A request was made for a Flector patch. However, no justification for the request was provided. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% #30: Upheld

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

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

Decision rationale: The requested Flector DIS 1.3% #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of topical nonsteroidal anti-inflammatory drugs for short durations of time after the injured worker has failed to respond to first line medications such as antidepressants and anticonvulsants. The clinical documentation submitted for review does indicate that the injured worker is on anti-inflammatory medications. The efficacy of these medications was not provided to support the need for a topical analgesic. Furthermore, there is no indication that the injured worker has failed to respond to a trial of antidepressants and anticonvulsants. Additionally, the request as it is submitted does not provide a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determine. As such, the requested Flector DIS 1.3% #30 is not medically necessary or appropriate.