

Case Number:	CM15-0009961		
Date Assigned:	01/30/2015	Date of Injury:	02/12/2013
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona

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 56-year-old female who reported an injury on 02/12/2013 due to an unspecified mechanism of injury. On 12/17/2014, she presented for a followup evaluation. She reported pain at a 6/10 with increased low back pain contributed by cold weather and increased with prolonged sitting and standing. A physical examination showed that she was in moderate discomfort and there was tenderness to palpation of the lumbosacral spine. She was diagnosed with a lumbosacral sprain/strain and chronic myofascial pain. The treatment plan was for Flector patches 1% #30 with 3 refills. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1% #30 with refill x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. The documentation provided does not indicate that the injured worker had tried and failed recommended oral medications or that she was intolerant to oral medications to support the request. Also, her response in the terms of a quantitative decrease in pain and an objective improvement in function was not clearly documented. Furthermore, the frequency of the medication was not stated within the request and 3 refills would not be supported without re-evaluation to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.