MAXIMUS Federal Services

Case Number:	CM15-0199361		
Date Assigned:	10/14/2015	Date of Injury:	11/11/2014
Decision Date:	11/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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
Certification(s)/Specialty: Emergency Medicine

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 34 year old male, who sustained an industrial injury on 11-11-14. The injured worker was diagnosed as having thoracic sprain and thoracic disk herniation. Treatment to date has included psychotherapy, T7-8 interlaminar epidural steroid injections, and medication including Tramadol and Flexeril. Physical examination findings on 9-23-15 included tenderness in the mid thoracic spine at T5-7. Palpable spasms were noted and range of motion was full. On 9-23-15 pain was rated as 7-8 of 10 without medication and 6 of 10 with medication. On 9-23-15, the injured worker complained of back pain. On 9-28-15, the treating physician requested authorization for Flector patches #20 and 1 unknown prescription of Flector patches. On 10-5-15 the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Flector patch (Diclofenac Epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested 1 prescription of Flector patch #20, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has tenderness in the mid thoracic spine at T5-7. Palpable spasms were noted and range of motion was full. The treating physician has not documented the patient's intolerance of objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 prescription of Flector patch #20 is not medically necessary.

1 unknown prescription of Flector patch #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Flector patch (Diclofenac Epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested 1 unknown prescription of Flector patch #20, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has tenderness in the mid thoracic spine at T5-7. Palpable spasms were noted and range of motion was full. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 unknown prescription of Flector patch #20 is not medically necessary.