

Case Number:	CM15-0218153		
Date Assigned:	11/10/2015	Date of Injury:	12/17/1998
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/05/2015

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: New York

Certification(s)/Specialty: Internal 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 57 year old male who sustained an industrial injury on December 17, 1998. The worker is being treated for: GERD, sprain of hand and wrist, lumbar discitis, radiculopathy. Subjective: April 09, 2015 he reported needing refills for medication Lidoderm patches and no change with his medications, side effects, etc. May 07, 2015 he reported "here for medications for back pain." Objective: April 09, 2015 noted lumbosacral ROM restricted in all planes, noted with lumbosacral spine weakness and abnormal gait. There was also note of "deep tendon reflexes abnormal." Diagnostic: UDS June 2015 noted consistent with prescribed. Medication: April 2015, May 2015, June 2015, July 2015, August 2015: Celebrex, Flexeril, hydrocodone APAP, Lidoderm patches 5%, Omeprazole, OxyContin, Ranitidine, Terazosin, Tizanidine. Treatment: HEP, medications, activity modification. On October 02, 2015 a request was made for Flector patches that was non-certified by Utilization Review on October 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, Flector patches are indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. Medical necessity for the requested medication has been not established. The requested medication is not medically necessary.