

Case Number:	CM15-0044462		
Date Assigned:	03/16/2015	Date of Injury:	05/24/2006
Decision Date:	04/16/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old female, who sustained an industrial injury on 5/24/06. She reported pain in the neck back and bilateral shoulders. The injured worker was diagnosed as having cervical disc protrusion, lumbar radiculopathy, right shoulder tendonitis and left shoulder impingement. Treatment to date has included physical therapy, oral and topical medications. As of the PR2 dated 2/16/15, the injured worker reports constant pain in the neck, back and bilateral shoulders. The treatment plan includes physical therapy, acupuncture, oral and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60 patches: Upheld

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

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

Decision rationale: This 60 year old female has complained of neck, back and shoulder pain since date of injury 5/24/06. She has been treated with physical therapy and medications. The current request is for Flector patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and anti-depressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Flector patch is not indicated as medically necessary.