

Case Number:	CM15-0089161		
Date Assigned:	05/13/2015	Date of Injury:	03/31/2015
Decision Date:	06/23/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old female who sustained an industrial injury on 03/31/15. Initial complaints include pain in the hands, wrist, and thumb. Initial diagnoses include left De Quervain's tenosynovitis. There have been no treatments to date or diagnostic studies performed. Current complaints include pain in the hands, wrist, and thumb. Current diagnoses include left De Quervain's tenosynovitis. In a progress note dated 04/20/15 the treating provider reports the plan of care as a left thumb spica splint at work, Flector patches, and an ergonomic evaluation of the work station. The requested treatments are Flector patches. The medications listed are Motrin and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% topical patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of musculoskeletal. The chronic treatment with NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The utilization of multiple NSAIDs is associated with increased risk of severe complications. The records indicate that the patient is utilizing Motrin and the Flector patch concurrently. The criteria for the use of Flector patch 1.3% #30 not met.