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| Case Number: | CM14-0104544 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 04/30/2009 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 04/30/2009. The mechanism of injury was noted as a trip and fall. The diagnoses included displacement of cervical intervertebral disc without myelopathy, disc displacement with radiculitis (lumbar), cervical spondylosis without myelopathy, and lumbosacral spondylosis without myelopathy, chronic pain syndrome, dyspepsia, and insomnia. The previous treatments included medication, epidural steroid injection, and physical therapy. Within the clinical note dated 11/18/2013 it was reported the injured worker complained of neck and lower back pain. The injured worker also complains of numbness and tingling in the thumb and 1st finger. Upon the physical examination, the provider noted tenderness in the midline over the spinous process of C5-6; paracervical muscles were sore and tense. The range of motion was noted that flexion was more painful than extension, lateral tilting and rotation to the right caused increased pain. There was a positive straight leg raise noted bilaterally. Tenderness was noted to the spine. The range of motion was restricted in all planes. The provider requested Flector patch; however, a rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Page(s): 111-112..

Decision rationale: The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide a treatment site. Therefore, Flector Patch 1.3%, #60 is not medically necessary.