

Case Number:	CM14-0112500		
Date Assigned:	09/05/2014	Date of Injury:	04/16/2008
Decision Date:	09/26/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 57 year-old female. The patient's date of injury is 4/16/2008. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with low back pain, shoulder pain, wrist pain, carpal tunnel syndrome. The patient's treatments have included imaging studies, and medications. The physical exam findings, dated 5/28/2014 show cervical spine exam with paravertebral muscle spasm and tenderness. The Lumbar spine shows a restricted range of motion with paravertebral muscle tenderness, and tight muscle on the right. The examination of the shoulder shows a restricted range of motion, and catching with active range of motion, with tenderness over the biceps and anterior and superior aspect of the right shoulder. Examination of the wrist shows a surgical scar and limited motor testing due to pain. There is also a straight leg test reported as positive. The patient's medications have included, but are not limited to, Lidoderm, Gabapentin, Temazepam, Norco, and Celebrex. The request is for Flector patches. The patient was on this medication during the office visit of August 13, 2014. States the Flector patch is very effective for her pain in that same progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

Decision rationale: MTUS and ODG treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Flector 1.3% patch, #30. Guidelines state the following: Not recommended as first line treatment. Only recommended after a failure of oral NSAID. The clinical records lack documentation that state the injured worker was previously on oral NSAID, and failed treatment. According to the clinical documentation provided and current MTUS guidelines; Flector 1.3% patch, #30, is not medically necessary.