

Case Number:	CM14-0116891		
Date Assigned:	09/16/2014	Date of Injury:	09/27/1997
Decision Date:	11/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 09/27/1997. The mechanism of injury was not specifically stated. The current diagnoses include status post multiple anterior cervical decompression and fusion in 2002 and 2005, status post bilateral carpal tunnel decompression with continued symptoms, and status post shoulder surgery times 3 (latest on 04/09/2013). The injured worker was evaluated on 06/18/2014 with complaints of ongoing lower back pain with radiation into the right lower extremity. Previous conservative treatment is noted to include trigger point injections and medication management. Physical examination revealed normal motor strength in the upper and lower extremities, intact sensation, and no obvious deformity or tenderness. Treatment recommendations included a urine drug screen and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR DIS 1.3% DAY SUPPLY: 15 QTY: 30 REFILLS:01: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. Therefore, the current request cannot be determined as medically appropriate in this case. Additionally, it is noted that the injured worker has utilized this medication since 03/2014. There is no documentation of objective functional improvement. Based on the clinical information received and the California MTUS Guidelines, the current request is not medically necessary at this time.