

Case Number:	CM14-0146889		
Date Assigned:	09/12/2014	Date of Injury:	09/15/2009
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 California. 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's original date of injury was may 20th 2009. The injured worker has diagnoses of chronic knee pain, bilateral meniscal tears, chondromalacia, and has a history of arthroscopic meniscectomy. The patient was declared to be at maximal medical improvement in December 2011. More recent progress notes in February 2014 documents if you tricompartamental arthritis, and chronic shoulder pains in a note on July 23, 2014. The patient underwent shoulder replacement on August 27, 2014. The disputed requests is for Flector with 3 refills. This was noncertified in a utilization review determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3% # 30 refills 3: 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 Topical Analgesics, Page(s): 111-3.

Decision rationale: But there is a topical NSAID which is FDA approved for short-term treatment of acute sprains. The Chronic Pain Medical Treatment Guidelines specifically state that topical NSAIDs are indicated in musculoskeletal conditions for a period of 4 to 12 weeks.

As requested, a 4 month supply of Flector (30 days with 3 refills) is in excess of guidelines. This request is not medically necessary.