

Case Number:	CM15-0018780		
Date Assigned:	02/06/2015	Date of Injury:	03/11/2005
Decision Date:	03/30/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female who reported an injury on 03/12/2005. The mechanism of injury was not stated. Current diagnoses include depression, right hip strain, and lumbosacral strain. The injured worker presented on 12/09/2014 with complaints of 8/10 low back pain. Upon examination, there was tenderness to palpation, spasm, and positive left lower extremity numbness. The injured worker was instructed to continue with the home exercise program and TENS therapy. A prescription was issued for Flector patch 1% for topical use. A Request for Authorization form was submitted on 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state the only FDA-approved topical NSAID is diclofenac 1% gel. Topical diclofenac is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. There was no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. The strength and frequency were not provided in the request. Given the above, the request is not medically appropriate.