

Case Number:	CM15-0118127		
Date Assigned:	06/26/2015	Date of Injury:	09/12/2012
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: Pennsylvania, Ohio, California
 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 53-year-old female, who sustained an industrial injury on 9/12/12. She reported bilateral shoulder pain and low back pain. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain/strain with bilateral sacroiliac joint sprain/strain, anterior spurring at L3-4, and multilevel facet joint osteoarthritis. Treatment to date has included a home exercise program and medication. On 5/26/15, physical examination findings included tenderness to palpation over bilateral lumbar paravertebral musculature with spasm over the left buttock. Straight leg raise was positive on the left with some radicular pain. On 5/26/15, pain with medical was rated as 5/10 and pain without medication was 6/10. Currently, the injured worker complains of left shoulder weakness with painful motion and back pain with loss of motion. The treating physician requested authorization for 1 Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-113.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Additionally these guidelines support a topical NSAID such as Flector only for short-term use. For these reasons, this request is not medically necessary.