

Case Number:	CM15-0177682		
Date Assigned:	10/07/2015	Date of Injury:	11/02/2007
Decision Date:	11/18/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 51 year old female who sustained an industrial injury on 11-2-07. The medical records indicate that the injured worker is being treated for herniated cervical disc with radiculopathy, left greater than right; left shoulder tendinitis impingement; left wrist and hand tendinitis carpal tunnel syndrome; lumbar sprain-strain, rule out herniated lumbar disc with radiculitis-radiculopathy; anxiety; depression. She currently (7-28-15) complains of continued left shoulder pain that increases with activity; headaches; sleep difficulties due to pain. On physical exam of the left shoulder there was restricted and painful range of motion, tenderness over the humerus with grinding and clicking, positive impingement test, decreased muscle strength. Pain levels were not enumerated. This exam was unchanged from the 4-21-15 exam. Treatments to date include transcutaneous electrical nerve stimulator unit; medications: Tylenol ES, Norco (on since at least 2-24-15), Ambien, Flector patches (since at least 7-28-15). The request for authorization dated 8-5-15 was for Flector patches 1.3% #60. On 8-10-15 Utilization Review non-certified the requests for Flector DIS 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% 30 day supply #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of anti-depressants and anti-epileptics have failed. Topical NSAIDs may be indicated for osteoarthritis of the knee and elbow. In this case, there was no evidence of failure of all other first line drugs or that the patient has osteoarthritis. The request for Flector DIS 1.3% #30 with 60 refills is not medically appropriate and necessary.