

Case Number:	CM15-0068070		
Date Assigned:	04/15/2015	Date of Injury:	09/20/2007
Decision Date:	05/14/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old female, who sustained an industrial injury on 09/20/2007. The injured worker is currently diagnosed as having right carpal tunnel syndrome. Treatment to date has included right carpal tunnel release and medications. In an operative summary note dated 02/02/2015, the injured worker presented for right carpal tunnel release surgery. According to the application, Independent Medical Review is requested for Flector patches.

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: 30 QTY: 60 REFILLS: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

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

Decision rationale: This 42 year old female has complained of right wrist pain since date of injury 9/20/07. She has been treated with surgery and medications. The current request is for Flector DIS 1.3%. Per the MTUS guidelines cited above, the use of topical analgesics in the

treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flector DIS 1.3% is not indicated as medically necessary.