

Case Number:	CM15-0079513		
Date Assigned:	04/30/2015	Date of Injury:	06/03/2013
Decision Date:	06/11/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	04/24/2015

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

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 48 year old, male who sustained a work related injury on 6/3/13. The diagnosis has included right epicondylitis lateral tennis elbow. The treatments have included Flector patches, oral medications, occupational and physical therapy, MRIs, right elbow surgery and right elbow injections. In the PR-2 dated 4/8/15, the injured worker complains of pain and discomfort in right elbow. He states he is having "excellent" benefit with the patches. The treatment plan is a request for a refill of Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% Qty 100 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Fletor patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker is being treated for right lateral epicondylitis. MRI of reportedly demonstrated evidence of severe partial tearing and tendinitis of the right elbow. Records indicate incisional healing, mildly impaired elbow flexion with normal extension, lack of laxity and minimal swelling. There is documentation of several occupational therapy visits. Pain levels are reportedly 6/10 and constant. Patient has been trialed on several analgesics including Lortab 7.5/325, Naprosyn 500 mg, Norco 10/325 and ibuprofen. There are notations that he has difficulty getting medications authorized by the insurance carrier. The injured worker will subsequently be trialed on Flector patches 1.3% with reported excellent benefit from pain. Request is being made for continuation of Flector patch 1.3% quantity 100 with one refill, representing approximately a 14 week supply treatment course. With regards to topical NSAIDs, MTUS guidelines recommends with indication of tendinitis at the knee and elbow short-term use. The request as stated complies with stated indications and recommendations and is therefore medically necessary.