

<b>Case Number:</b>	CM13-0020973		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 34-year-old female who reported an injury on 08/09/2012. The patient was reportedly injured secondary to repetitive trauma. The patient is diagnosed with left shoulder tendonitis, lateral epicondylitis, musculoligamentous sprain in the cervical spine, carpal tunnel syndrome, carpometacarpal joint inflammation, and trigger finger. The patient was seen by [REDACTED] on 10/01/2013. The patient reported constant pain in the left hand, weakness of the left hand, and elbow pain with swelling. Physical examination revealed tenderness over the left 3rd ray in the palm, 70 degrees abduction on the left, discomfort with range of motion, positive crank testing, and tenderness over the supraspinatus, coracoid process, and bicipital groove. Treatment recommendations included continuation of current medications including Flector patches and nizatadine

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCHES #30 TIMES 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report constant pain, weakness, tenderness, and stiffness with limited range of motion. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.