

Case Number:	CM13-0021533		
Date Assigned:	11/13/2013	Date of Injury:	03/09/1998
Decision Date:	01/15/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine and is licensed to practice in New York. 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 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 claimant is a 62 year old female who sustained a work related injury on 03/09/98. She was kneeling in front of a file cabinet that fell forward hitting her on the right neck. Her diagnoses include chronic right neck and right shoulder pain. She has undergone arthroscopy with bursectomy, debridement acromioplasty, excision of coracoacromial ligament and MUA in 2004. Cervical MRI demonstrated cervical disc disease at C5-C6. Treatment for the neck pain has included medical therapy, cervical epidural steroid injection therapy, physical therapy, acupuncture and a home exercise program. On exam, she continues with neck pain with cervical muscle spasm with decreased sensation in the right C7 and C8 distributions and 4/5 strength in the right upper extremity. Her treating provider has requested Flector patches 1.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%: Upheld

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

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

Decision rationale: The documentation indicates that the claimant has chronic neck and shoulder pain. She is maintained on medical therapy which includes an oral non-steroidal anti-inflammatory medication, Naproxen and a topical non-steroidal anti-inflammatory medication, Flector patch 1.3%. Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for spine and shoulder conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. In addition, there is no indication for the treatment of chronic pain with both oral and topical non-steroidal anti-inflammatory medications. Medical necessity for the requested Flector patch 1.3% has not been established. The request for Flector patches is not medically necessary and appropriate