MAXIMUS Federal Services

Case Number:	CM13-0022811		
Date Assigned:	06/06/2014	Date of Injury:	07/31/2008
Decision Date:	07/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/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 injured worker is as 40 year old female who reported an injury on 05/28/2008 due to an unknown mechanism. The injured worker complained of ongoing neck pain that radiates down the upper extremity to the hand and associated numbness and tingling into all the fingers of the right hand as well as low back pain that radiates down the right lower extremity to the right foot with associated numbness and tingling. On physical exam the injured worker presented with 4/5 breakaway weakness of right shoulder abduction, elbow extension, wrist extension, finger abduction, and thumb abduction. On 06/04/2012 the injured worker had an electromyography, and there were no electrodiagnostic evidence of upper or lower extremity radiculopathy. There was lack of documentation of past treatment to manage the injured worker's pain. At least since 08/15/2013 the injured worker took Clonazepam 0.5mg, and Cymbalta 60mg. The injured worker also takes Klonopin 0.5mg, Flexeril 10mg, and Percocet. The current treatment plan is for Flector patches 1.3% #60. The request for authorization forms was dated 08/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF FLECTOR PATCHES 1.3%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector Patch.

Decision rationale: The request for flector patches 1.3% #60 is not medically necessary. The injured worker reported an injury on 05/28/2008. The injured worker complained of ongoing pain in the neck, shoulder, hand, fingers, back, and right lower extremity and foot. The California MTUS guidelines state that topical NSAIDS are only recommended to parts of the body that lend themselves to topical treatment such as (ankle, elbow, foot, hand, knee, and wrist). Flector patches have not been evaluated for treatment of the spine, hip or shoulder. The Official Disability Guidelines (ODG) state that flector patches are not recommended as a first line of treatment. They are recommended after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile of the injured worker. There is lack of documentation of the frequency, duration and location of the body to which the flector patch is intended for use. There is also lack of documentation of the use of previous NSAIDs and the injured worker successful or unsuccessful response to treatment. Given the above the request for flector patches 1.3% #60 is not medically necessary.