

Case Number:	CM13-0030165		
Date Assigned:	03/17/2014	Date of Injury:	08/21/2007
Decision Date:	11/21/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine 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 patient is a 66 year old female who had her injury on 8/21/07 .A lumbar MRI on 10/23/08 showed moderate scoliosis at L3-4 and L5-S1 facet arthropathy with mild canal stenosis and lateral recess narrowing compressing the right S1 nerve root and also severe right foraminal narrowing. On 2/12/09 a cervical discectomy and fusion was done. The M.D. note on 3/14/13 stated that there was neck pain post-surgery and that the patient refused PO meds. Spasm, tenderness, guarding and general paravertebral pain and decrease in range of motion (ROM) were noted. The diagnoses were cervical and lumbar radiculopathy, shoulder impingement, and lumbar strain. The patient was given Medrol patches and Flector patches. On 7/24/13 the M.D. noted chronic pain in the cervical and lumbar spine and desired to refill the Flector patches. The provider noted that the patches had caused no side effects and helped to maintain functional capacity. However, the UR denied use of these patches in September of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #60 with 5 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21, 22.

Decision rationale: The MTUS noted that Flector patches or Diclofenac topical gel in 1 study was found effective and well tolerated in a select group of acute sprain and tendinitis patients. Also, another study that was termed intermediate quality found that the gel was effective in patients with shoulder periartthritis and lateral epicondylitis and that this study provided further evidence on the use of topical NSAIDs as optimal approved treatment of localized musculoskeletal disorders. However, up-to-date does state that the gel may increase the risk of the patient having a myocardial infarction, cerebrovascular accident, or gastrointestinal bleed. The above patient refuses to take PO meds and was found to tolerate the topical gel without side effects and was noted to have improved functional capacity as a result of the use of the patches. Therefore, she should be afforded the opportunity to take the Flector patches and the UR decision is reversed.