MAXIMUS Federal Services

Case Number:	CM13-0038269		
Date Assigned:	12/18/2013	Date of Injury:	10/09/1998
Decision Date:	03/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 patient is a 62 year old female who reported an injury on 10/09/1998. The patient was noted to hit another bus as she was making a right turn into a parking lot. The patient was noted to be diagnosed with cervical and lumbar strain and radicular complaints along with sprain of the shoulders/arm NOS. The most recent clinical documentation indicated the patient had symptoms that remained unchanged since the last evaluation. The patient complained of pain in the neck, lower back, and bilateral wrists. The patient had tenderness to palpation in the cervical spine with limited range of motion and myospasm. The patient had tenderness to palpation of the right shoulder with limited range of motion and supraspinatus weakness and a positive Neer's. The left shoulder revealed the patient had tenderness to palpation, decreased scapulothoracic motion consistent with adhesive capsulitis, a positive Hawkins, and an equivocal impingement test, along with supraspinatus weakness. The lumbar spine examination revealed the patient had tenderness to palpation, limited range of motion, and myospasm along with positive straight leg rises bilaterally. The examination of the bilateral knees revealed the patient had tenderness, restricted range of motion, crepitus, and a positive Apley's. The request was made for acupuncture therapy and an MRI of the cervical spine along with 30 patches of Flector DIS 1.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3% 30 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS Page(s): 67,68.

Decision rationale: California MTUS indicate that Non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. They have been found in studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. However, again the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. The clinical documentation submitted for review failed to provide the rationale for the requested medication. Additionally, there was lack of documentation indicating the patient had osteoarthritis. There was a lack of documentation indicating the functional benefit of the medication. Given the above, the request for 30 patches of Flector DIS 1.3% is not medically necessary.