

Case Number:	CM13-0041194		
Date Assigned:	12/20/2013	Date of Injury:	01/17/2012
Decision Date:	02/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Practice, has a subspecialty in Pain Management 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 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:

Female nurse claimant sustained a neck and left shoulder injury on 1/17/12 while helping a patient at work. She was noted to have reduced range of motion of the neck. Her pain had been managed by therapy, opioids and NSAIDs. She was also given steroid injections for thoracic pain. An MRI of the thoracic spine in May 2012 was unremarkable. An MRI of the neck in June 2012 showed cervical disc bulging. Opioids and NSAIDs were continued along with acupuncture. She had continued vertebral tenderness and radicular findings in the upper extremities. A request was made on 10/2/13 for Flector patches. There are no associated progress notes or mention of level of pain control, narcotic contracts and alternatives to opioids and oral NSAIDs that have been tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3mg patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The Physician Reviewer's decision rationale: According to the MTUS guidelines: Topical Analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{I}\beta$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. NSAIDs: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. In this case, the claimant has neuropathic symptoms. She has been treated with oral NSAIDs for over a year. Topical NSAIDs can reach blood concentrations similar to oral NSAIDs which in this case has not improved the claimant's pain. Topical Flector (NSAID) is not medically necessary..