

Case Number:	CM13-0051448		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2011
Decision Date:	03/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 27 YO female with date of injury 04/02/11. The listed diagnoses per [REDACTED] dated 09/17/13 are: 1. Left knee pain 2. Neck pain with HNP 3. Shoulder pain 4. Status post trigger point injections (2012) 5. Status post disc arthroplasty C6-7 (2012) According to progress report dated 09/17/13 by [REDACTED], the patient presents with left sided headaches, right shoulder, neck, left hand and knee pain. She rates her pain 7/10. Objective findings show soft tissue tenderness C2-C7 bilaterally, positive right shoulder apprehension sign, positive knee patella grind, slight limp, pain with McMurrays. Slight decrease in sensation of the right hand versus the left hand. The treater is requesting Flector Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic left knee pain, neck pain and shoulder pain. The patient is status post trigger point injections and C6-7 disc arthroplasty from 2012. The treater has prescribed Flector patches for pain relief. MTUS p111-113 states that topical NSAIDs are recommended for short-term use (4-12 weeks) for chronic musculoskeletal pain but that there are no long-term studies to show their effectiveness or safety. In this case, the reports show that the patient has been prescribed Flector patches since 01/30/13 with not a single mention of efficacy in terms of pain relief and functional improvement. According to MTUS, topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems and may very well be indicated for this patient's knee condition. However, MTUS page 60 also require documentation of pain and function with medications used for chronic pain. In this case, the treater does not mention what the Flector patches are used for, i.e. for knee or neck/should. Furthermore, there is no documentation of pain and functional improvement. Recommendation is for denial.