

Case Number:	CM13-0053658		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2001
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational 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 52 year old male who was injured on 03/22/2001 with known mechanism of injury..Prior treatment history has included ACDF at C4-C5 plating and C5-C6 fusion. The patient is currently taking atorvastatin calcium 10 mg, carvedilol 3.125 mg, clopidogrel bisulfate 75 mg, multivitamins, Norco 10/325 mg, pantoprazole sodium 40 mg, sucralfate 1 gm, Voltaren 1% gel. Progress note dated 10/22/2013 documented the patient to have complaints of continued neck pain with upper extremity pain and weakness. Since the last clinic visit on July 24, 2013, the patient has been hospitalized again, but this time for a stroke. He was given TPA and has had good resolution. The patient continued to have back pain averaging a 6-7/10, but increases with activity up to a 10/10. He states that his strength was about the same and continues to drop things. He utilizes his Theracane on daily basis. Objective findings on exam included quantitative urine tox screen from 04/05/2012 were consistent with the medications that he was taking. Chemistry panel from 05/06/2013 was within normal limits. Grip strength and wrist extension was approximately 4+/5 bilaterally. Elbow flexion appeared to be intact bilaterally. Neck range of motion was to only approximately 20 degrees of motion bilaterally and he continued to have some fullness and swelling in the supraventricular region bilaterally due to spasms. The patient was diagnosed with hypertension, cervical disc degeneration C4-C5, cervical disc degeneration C5-C6, cervical facet syndrome, cervical spondylosis (C4-C5), cervical spondylosis (C5-C6), and carpal tunnel syndrome. A Flector 1.3% PTCH was recommended to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac (Valtaren)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This is a request for Flector 1.3% patch for chronic neck and shoulder pain in a patient with an allergy listed to NSAIDs. However, long-term effectiveness and safety of topical NSAIDs are not established. Use is recommended for short-term (4-12 weeks). Furthermore, use is not recommended for osteoarthritis of the spine or shoulder. Topical NSAIDs are not recommended for neuropathic pain. Objective functional improvement and pain reduction attributable to Flector patch use is not established. Flector 1.3% patch is therefore non-certified.