

Case Number:	CM13-0054421		
Date Assigned:	06/09/2014	Date of Injury:	12/06/2011
Decision Date:	07/30/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 39-year-old female who reported an injury on 12/06/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 02/20/2014 indicated a diagnosis of right upper extremity de Quervain's release, possible carpal tunnel syndrome, and carpal metacarpal joint synovitis. The injured worker is status post right de Quervain's release with continued pain to the upper extremity. The injured worker continued to have difficulty with gripping with pain in the hand. She wore a Flector patch with a mild degree of relief. On physical examination, there was a mild degree of tenderness to palpation to the basilar aspect of the right thumb carpometacarpal joint. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Flector topical. The provider submitted a request for Flector topical. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR TOPICAL #30: Upheld

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

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector is an NSAID indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. The documentation submitted did not indicate trials of antidepressants and anticonvulsants had failed. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, there was a lack of a quantified pain assessment. Therefore, the request is not medically necessary.