

Case Number:	CM13-0054913		
Date Assigned:	04/18/2014	Date of Injury:	02/25/2010
Decision Date:	05/23/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 an employee of [REDACTED] and has submitted a claim for neck strain, shoulder strain, lumbar degenerative disc disease, herniated nucleus pulposus (HNP), lumbar stenosis and knee pain associated with an industrial injury on February 25, 2010. Treatment to date includes oral and topical analgesics, transforaminal epidural steroid injection (TFESI), spine surgery, and chiropractic therapy. Utilization review dated to October 3, 2013 denied request for Flector patches QTY30 because guidelines do not recommend topical anti-inflammatory gel as it does not have proven efficacy. Medical records from 2013 were reviewed and showed persistent pain on the outside of the right hip tingling to the upper part of the legs with a pin and pressure sensation. There is also burning at the back of the head and neck radiating to the shoulders, back and buttocks and numbness at the posterior right thigh. Pain averages 7/10. Objective findings show tenderness at C1-2. There is tightness of the left trapezius muscle. Range of motion is about 50 percent of normal bilaterally. Upper extremity reflexes are intact with full range of motion (ROM). Examination of the back showed a mild dextroscoliosis with tenderness at the right sacral notch, lumbosacral and sacro-iliac (SI) junction. The right trochanter was tender with positive straight leg raise (SLR) on passive dorsiflexion while SLR is negative on the left. Pain goes from the mid and lower back into the gluteal area with external rotation. There is weakness of the left gluteal muscles which caused problems with stance. Medications include: Oxycontin 20mg, Norco10/325mg, Flector patch for the knee and shoulder, Flexeril, Lunesta. Duration, frequency and response to the medications were not specified. The patient also had TFESI and an unspecified number of chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH QTY: 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, FLECTOR PATCH

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain chapter, Flector Patch was used instead. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral non-steroidal anti-inflammatory drugs (NSAIDs) or contraindication to oral NSAIDs. It is FDA recommended for acute sprain, strains and contusions. In this case, the patient has chronic pain of the neck, shoulder, lumbar back and knee. The patient was first prescribed Flector in September 2013. There was no evidence concerning failure of oral NSAIDs. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flector patches #30 is not medically necessary.