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| Case Number: | CM13-0071666 | | |
| Date Assigned: | 01/31/2014 | Date of Injury: | 09/26/2006 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 and Rehabilitation 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 injured worker is a 63 year old female, with a reported date of injury on 09/26/2006. The mechanism of injury was not provided within clinical information. According to the clinical note dated 01/16/2014, the injured worker complained of neck and bilateral upper extremity pain. Per the objective findings, it was noted that the injured worker's cervical spine had increased pain upon flexion at 20 degrees, upon extension at 10 degrees and upon rotation to the right at 20 degrees and rotation to the left at 10 degrees. The injured worker's prescribed medication list included lidocaine 5% ointment twice daily, capsaicin 0.075% cream three times daily, ketamine 5% cream 60grams three times daily, naproxen sodium-anaprox 550mg every 12 hours, voltaren 1% gel three times daily, premarin 0.625mg tablets three times daily and allegra-D 180-240mg (over the counter) once daily as needed. The injured worker's diagnoses included syndrome cervicobrachial, carpal tunnel syndrome, sprains and strains of neck; neck pain, epicondylitis medial and lateral. The request for authorization was submitted on 12/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR 1.3% PATCH QTY: 60.00: Upheld

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

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

Decision rationale: The request for Flector 1.3% patch # 60 is not medically necessary. The injured worker continued to have neck and bilateral upper extremity pain. The Flector patch contains Diclofenac (Voltaren Gel 1%). The California MTUS guidelines note Voltaren is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The injured worker was noted to be prescribed flector 1.3% patch with an instruction to change the patch every 12 hours; however, there is a lack of clinical evidence indicating the location of patch placement. The guidelines continue to state, that Diclofenac's maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions include dermatitis and pruritus. There is a lack of clinical evidence of the effectiveness of the medication on the injured worker's pain and discomfort. Also, there is a lack of documentation of any adverse side effects or lack thereof. Therefore, the request for Flector 1.3% patch # 60 is not medically necessary.