

Case Number:	CM14-0001078		
Date Assigned:	05/07/2014	Date of Injury:	01/22/2013
Decision Date:	07/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/03/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 49 year old female with a reported date of injury on 01/22/2013. The injured worker complained of constant neck pain rated at 7/10. According to the clinical note dated 11/21/2013 the injured worker's cervical spine range of motion presented at flexion to 60 degrees, extension to 70 degrees and bilateral lateral rotation to 70 degrees. The injured worker's diagnoses included complex regional pain syndrome right upper extremity, and cervical degenerative discs at C3-C7. The injured worker's medication regimen included Tylenol No.3, Flector patches and Lorazepam. The request for authorization of Flector Patch 1.3mg #30 X 3 Refills was submitted but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3MG #30 X 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector patch (Diclofenac Epolamine).

Decision rationale: According to the CA MTUS guidelines NSAIDs are recommended with caution. All NSAIDs have associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. The efficacy in clinical trials for topical NSAID's has been inconsistent and most studies are small and of short duration. Flector patches contain diclofenac and Epolamine. The Official Disability Guidelines does not recommend the Flector patch as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. The clinical information lacks documentation of functional deficits. As the injured worker was not in the acute phases and does not appear to have strains, sprains or contusions the rationale for the request is unclear. Therefore, the request for Flector patch 1.3mg #30 x 3 refills is not medically necessary.