

Case Number:	CM14-0103652		
Date Assigned:	07/30/2014	Date of Injury:	06/04/2008
Decision Date:	09/19/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/04/2014

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 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 40 year old female who was injured on 06/04/2008. Prior treatment history has included physical therapy, home exercise program and TENS. Progress report dated 06/05/2014 documented the patient to have complaints of pain in the right shoulder, bilateral wrist and bilateral hands and she reported her pain as chronic. The pain is rated as 9/10. She continues to use Flector patch at night and Lidoderm patch during the day as needed. She noted benefit with these medications. There were no objective findings for review. She is diagnosed with carpal tunnel syndrome, chronic pain syndrome, myositis, and shoulder joint pain. She was recommended Flector and Lidoderm patches. Prior utilization review dated 06/13/2014 states the request for Flector 1.3% Transdermal 12 hour patch #60 with 1 refill is denied, as there is no documented evidence to support the request; and Lidoderm 5% (700mg/patch) adhesive patch #60 with 1 refill is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Transdermal 12 hour patch, #60 with 1 refill: 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): 111-113. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Pain, Flector patch and Other Medical Treatment Guideline or Medical Evidence: <http://www.flectorpatch.com/>.

Decision rationale: According to MTUS guidelines, topical NSAIDs are recommended for short-term treatment, 4-12 weeks, of osteoarthritis or tendinitis after a failure of first-line oral medications. However, in this case the patient is prescribed Flector patches on a long-term basis. She is concurrently taking Ibuprofen. Records do not demonstrate tendinitis or osteoarthritis. Topical NSAIDs are not recommended for the shoulder. Medical necessity is not established.

Lidoderm 5% (700mg patch) #60 with 1 refill: 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): 111-113.

Decision rationale: According to MTUS guidelines, Lidocaine patch may be recommended for localized, peripheral neuropathic pain after a failure of oral first-line medications. Further research is needed before recommending topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case there is no documentation of post-herpetic neuralgia or failure of oral first-line medications for neuropathic pain. Medical necessity is not established.