MAXIMUS Federal Services

Case Number:	CM14-0012733		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2013
Decision Date:	08/05/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This is a 29 year-old female with a 1/18/13 date of injury. The patient was seen on 12/23/13 with complaints of back and leg pain which improved with a recent epidural injection, chiropractic treatment, and acupuncture. Exam finings revealed positive straight leg raise bilaterally with decreased lumbosacral range of motion. Motor strength was intact. The patient was noted to be using Flector patches and Norco. The diagnosis is left shoulder sprain, rotator cuff injury, and possible LS radiculopathy. Treatment to date: epidural injection, medication, TENS unit, acupuncture, chiropractic treatment An adverse determination was received on 2/21/14 given there was little evidence to support use of a Flector patch for greater than 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105,111,112,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Pain Chapter Flector patchOther Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

Decision rationale: MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. This patient has a 1/18/13 date of injury and is not suffering form an acute sprain or contusion. It is unclear what benefit the patient is having from the Flector patches at this time. It is also unclear why the patient cannot tolerate oral NSAIDS at this time. Therefore, the request for Flector patches is not medically necessary.