MAXIMUS Federal Services

Case Number:	CM14-0125798		
Date Assigned:	08/11/2014	Date of Injury:	03/22/2000
Decision Date:	09/12/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 62 year old female who suffered a work related injury on 03/22/2000. The mechanism of injury is not documented. Most recent medical record submitted for review is dated 07/02/14. The injured worker states she continues to have moderate to severe pain, constant 6/10 pain. Pain worsens with use of the right shoulder and right elbow and with flexion and extension activities of her neck and lower back. The injured worker has continued numbness in her upper and lower extremities. The injured worker gets some functional improvement and pain relief with the compound medications. Physical examination notes positive Spurling's test to the right shoulder, positive tenderness over the paracervical musculature. Strength is rated as 5/5 to all muscle groups of the upper extremities. Extension is 30 degrees. The injured worker has pain with extension and lateral bending to the right and left. Reflexes are 2+ in upper extremities bilaterally. There is positive tenderness in the paralumbar musculature. The injured worker is unable to walk on tiptoes and heels secondary to pain. Deep tendon reflexes are 2+ in the lower extremities. Lumbar flexion is 60 degrees without pain. Extension is 30 degrees with pain. Straight leg raising is negative. Right shoulder shows well healed scars, negative Neer's test, negative Hawkins, negative O'Brien's test, and negative Speed's test. There is negative acromioclavicular joint tenderness. Right elbow positive tenderness over the medial epicondyle. Negative Tinel's to cubital tunnel ulnar tunnel. The flexion test is negative and the range of motion is normal. Diagnoses are medial epicondylitis right shoulder, bursitis tendinitis right shoulder, status post right shoulder arthroscopy, subacromial decompression, acromioclavicuar (AC) joint resection, cervical strain, degenerative disc disease cervical spine, lumbar strain, and degenerative disc disease lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fletcor Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113-113. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch.

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for this medication cannot be recommended as medically necessary at this time.