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| Case Number: | CM14-0143607 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 10/20/2013 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

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:

According to the records made available for review, this is a 27-year-old female with a 10/20/13 date of injury. At the time (8/22/14) of Decision for Flector Dis 1.3% Days Supply: 30 QTY: 30 Refills: 00, there is documentation of subjective (neck and arm pain) and objective (tenderness to palpitation over the trapezius and levator scapulae areas and extreme sensitivity to light touch over the forearm and hand on all surfaces) findings. The current diagnoses are neck sprain/strain and cervicalgia. The treatment to date includes Chiropractic treatment, TENS unit, and mediations (including ongoing treatment with Gabapentin). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), failure of an oral NSAID or contraindications to oral NSAIDs, and a condition/diagnosis (with supportive subjective/objective findings for which Diclofenac Epolamine (1.3%) is indicated (acute strains, sprains, and contusions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Dis 1.3% Days Supply: 30 Qty: 30 Refills: 00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (Diclofenac Epolamine)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. Official Disability Guidelines identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which Diclofenac Epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of neck sprain/strain and cervicalgia. In addition, given a request for Flector Dis 1.3% quantity 30 with no refills, there is documentation of an intention to treat over short-term (4-12 weeks). However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Furthermore, despite documentation of subjective (neck and arm pain) and objective (tenderness to palpitation over the trapezius and levator scapulae areas and extreme sensitivity to light touch over the forearm and hand on all surfaces) findings and given documentation of a 10/20/13 date of injury, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings for which Diclofenac Epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Therefore, based on guidelines and a review of the evidence, the request for Flector Dis 1.3% Days Supply: 30 QTY: 30 Refills: 00 is not medically necessary.