

Case Number:	CM14-0165072		
Date Assigned:	10/10/2014	Date of Injury:	06/22/2011
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 patient with a date of injury of June 22, 2011. A utilization review determination dated September 22, 2014 recommends non-certification for a Flector patch. A progress report dated September 30, 2014 identifies subjective complaints of left sided neck and upper extremity pain. The patient has seen a QME who has recommended a cervical epidural injection, shoulder injection, and physical therapy. Objective examination findings identify decreased sensation in the left upper extremity, tenderness to palpation over the cervical paraspinals and trapezius, and tenderness to palpation over the left biceps tendon. Current medications include Topamax, Maxalt, and ibuprofen. Diagnoses include chronic left cervical superior trapezius and Paris scapular strain and left thumb tendinitis. The treatment plan recommends physical therapy and a left shoulder steroid injection. Additionally, dose titration of Lyrica has recommended as well as Topamax and ibuprofen on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Dis 1.3% patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Flector Patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Pain Chapter, Flector® patch (diclofenac epolamine)

Decision rationale: Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. The ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.