

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0029461 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 09/01/2012 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/07/2014 |

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 45-year-old female who reported an unspecified injury on 09/01/2012. The earliest record in the submitted documentation indicates that on 04/08/2013, this injured worker underwent a right wrist arthroscopically-assisted triangular fibrocartilage reattachment of the right wrist. A note of 12/04/2013 indicated that she continued to have chronic symptoms postoperatively. There was a positive Tinel's sign and elbow flexion test. There was a positive palmar compression test subsequent to Phalen's maneuver. A radiographic examination of the right wrist showed residual screw holes and some osteopenia in the right wrist and hand. The treatment plan included recommendations for left shoulder arthroscopy with subacromial arch decompression, Mumford resection, and possible rotator cuff repair if deemed necessary. The note dated 02/04/2014 indicated that the worker reported ulnar-sided wrist pain that was worse with weightbearing on the right hand. The examination revealed prominent triangular fibrocartilage complex suture retained as well as tenderness upon palpation. The treatment plan on that date included prescription of Flector patch 1.3%. No other pharmacological intervention was included in the submitted records. There was no Request for Authorization in the submitted documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector Patch.

Decision rationale: The request for Flector Patches 1.3% #30 is non-certified. CA MTUS guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety, and state they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. The efficacy of topical non-steroidal anti-inflammatory agents (NSAIDs) in clinical trials has been inconsistent and most studies are small and of short duration. 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. Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). ODG does not recommend the Flector patch as a first-line treatment. For a topical, diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. There were no record of failed trials with oral NSAIDs in the submitted file. The Flector patch is FDA-indicated for acute strains, sprains, and contusions. Flector patches are not recommended for postsurgical pain. Additionally, diclofenac 1%, as in Voltaren gel was recommended. The Flector patches at 1.3% are stronger than the recommended 1%. The request does not state what part of the body the patches are to be applied to, nor does it state the frequency or length of use of the requested patches. Therefore, the request for Flector patches 1.3% #30 is not medically necessary.