MAXIMUS Federal Services

Case Number:	CM14-0029837		
Date Assigned:	06/20/2014	Date of Injury:	08/10/1999
Decision Date:	08/11/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in California and Washington. 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 64-year-old male who reported an injury 08/10/1999. The mechanism of injury was not provided within the medical records. The clinical note indicated diagnoses of status post bilateral rotator cuff repairs with recurrent tears, herniated nucleus pulposus L3-4 and L4-5, chronic right lateral epicondylitis, and psychological diagnoses. The injured worker reported acute exacerbations of his lower back pain, which was severe, limiting his walking. The injured worker reported pain and weakness in the bilateral upper extremities. On physical examination the injured worker ambulated with the aid of a cane. The physical examination of the lumbar spine revealed tenderness in the lower lumbar paravertebral musculature. The injured worker had difficulty standing from a seated position. The range of motion revealed forward flexion of 30 degrees, extension of 10 degrees, and lateral bending of 30 degrees. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Flector patches and injection with Toradol. The provider submitted a request for Flector patches. A Request for Authorization dated 11/19/2013 was submitted; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches, applied every 12 hours, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Pain, Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flector Patches, applied every 12 hours, #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines recognize the Flector patch as a non-steroidal anti-inflammatory drug (NSAID). Topical application is used 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. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it is not indicated if the injured worker has tried and failed first-line treatments such as oral NSAIDs; moreover, it was not indicated if the injured worker has tried and failed antidepressants and/or anticonvulsants. Finally, the request did not indicate a dosage. Therefore, the request is not medically necessary or appropriate.