

Case Number:	CM14-0040673		
Date Assigned:	06/27/2014	Date of Injury:	05/21/2001
Decision Date:	08/18/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 49-year-old female who reported a work related injury on 5/21/01 due to assisting a heavy patient to move into a treatment chair. The injured worker has complaints of chronic neck and back pain. The clinical note dated 3/7/14 states that the injured worker reported increased pain in her left shoulder and trapezius area because her Flector patches had been discontinued. She stated they reduced her pain 50%-70% and helped her perform her activities of daily living. She had undergone chiropractic care which she reported was very helpful. Physical exam revealed a tight sternocleidomastoid and trapezius, painful cervical range of motion, cervical flexion at 20 degrees, and extension at 20 degrees. Hawkin's sign was positive for impingement and subacromial palpation was markedly tender. The impression was left chronic rotator cuff tendinitis with supraspinatus involvement and C4-5 degenerative disc disease with the left C6 radicular pain. The injured worker was given a prescription for lansoprazole 30 mg and was taking ibuprofen 600 mg three times a day. She was recommended Flector patches to apply twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: 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 Page(s): 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that topical NSAIDS have been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward or with the diminishing effect over another two week period. Topical NSAIDS may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. They are recommended for a short term use of 4 to 12 weeks. It is not stated how long the injured worker had been prescribed Flector patches in the past; however, guidelines only recommend topical NSAIDS for short term use of 4 to 12 weeks. Therefore, the continued use of Flector patches would not be supported. Given the above, the request for Flector patches is not medically necessary.