

Case Number:	CM14-0041458		
Date Assigned:	06/27/2014	Date of Injury:	08/06/2009
Decision Date:	08/14/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

The patient is 54-year-old female who was injured on 8/06/2009 when she tripped on a cord resulting in the fracture of the phalanges of the hand. The patient underwent left wrist arthroscopy, synovectomy and debridement of triangular fibrocartilage, left radial styloidectomy, left de Quervain release, and left posterior interosseous neurectomy on 04/08/2011; and left proximal row carpectomy and radiograph evaluation of the left wrist, 3 views, professional component only on 06/11/2010. Her medications as of 02/19/2014 included Voltaren 1% gel, MS-Contin 15 mg, Norco 10/325 mg, Flector 1.3%, Ambien 5 mg, and Ibuprofen 800 mg. A visit note dated 02/19/2014 documented the patient to have complained of left wrist pain. She rated her pain as 5/10. She reported her quality of sleep is poor and activity level has remained the same. She also reported MS-Contin is working to control her pain level; however, her goal is to taper off MS-Contin and Norco completely. On exam, the left wrist joint revealed left volar and dorsal scarring; range of motion was restricted with 0 degrees of flexion/extension at the wrist. There was tenderness to palpation over the radial side and ulnar side. Motor strength was 5/5 on the right and 4/5 on the left. Sensation is decreased over the thumb and index finger on the left side. She was diagnosed with wrist pain and joint pain. Her medications were refilled, which included Norco and MS-Contin, and she was given information on tapering off these medications. A utilization review dated 03/28/2014 states the request for Flector patch 1.3 percent is not certified, as there is no documentation of pre-existing GI disease or GI side-effects, and compound medications have no evidence-based, proven efficacy and are considered experimental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: According to MTUS guidelines, topical NSAIDs may be indicated for short-term use (4-12 weeks) for osteoarthritis in joints amenable to topical application. There is little evidence to support their use for treatment of the spine, hips or shoulders. Topical NSAIDs are not recommended for neuropathic pain. In this case the patient is using Flector patch, an NSAID, on a chronic basis, which is not recommended. She is also prescribed oral Ibuprofen, so there has not been a failure of oral NSAIDs. She is also prescribed Voltaren gel for topical application. Simultaneous use of 3 different NSAID products is not generally recommended. Further, medical records failure to establish clinically significant functional improvement from Flector patch use. Medical necessity is not established.