

Case Number:	CM14-0048247		
Date Assigned:	07/11/2014	Date of Injury:	02/03/2011
Decision Date:	08/14/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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. 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:

According to the records made available for review, this is a 66-year-old female with a 2/3/11 date of injury. At the time of the request for authorization for Flector patches and 2 refills, there is documentation of subjective (right shoulder pain and neck pain) and objective (pain to palpation in the lateral deltoid and superior and medial trapezius, right trapezius muscle spasm, 4/5 flexors and abductors, positive Yergason and Speed's tests, pain elicited over the cervical right paraspinal muscles on palpation, limited active cervical spine range of motion) findings. Her current diagnoses include shoulder pain and neck pain, and her treatment to date includes medication; including the ongoing use of Flector patch. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); short-term use (4-12 weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with the use of Flector patch; and failure of an oral nonsteroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch and 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs), page(s) 111-112 Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG Guidelines identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis is indicated as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of shoulder pain and neck pain. In addition, there is documentation of the ongoing use of Flector patches. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment. In addition, given documentation of the ongoing use of Flector patches, there is no documentation of short-term use (4-12 weeks); functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Flector patch. Furthermore, there is no documentation of a failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.