MAXIMUS Federal Services

Case Number:	CM14-0051819		
Date Assigned:	07/07/2014	Date of Injury:	05/13/2006
Decision Date:	08/27/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/18/2014

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:

This is a 64-year-old female with a 6/13/06 date of injury; the mechanism of the injury was not described. The patient was seen on 01/28/14 with complaints of pain in her right hip and back. She has been taking Tramadol and reported a lot of gastrointestinal side effects and stopped the medication. She also has been taking Tylenol/Codeine that was helpful. Exam findings revealed that the patient was "tense" due to chronic pain and family problems. The patient was oriented x3, scored 30 on the Mind Over Mood Depression Inventory and 13 on the Hamilton Depression Rating Scale. Her blood pressure was 137/82. The diagnosis is adhesive capsulitis of shoulder, chronic pain syndrome and rotator cuff syndromeTreatment to date: medications. An adverse determination was received on 4/1/14. The decision for Flector patches 1.3% #30 was denied due to a lack of evidence that simple over-the-counter irritant agents have been tried and that the medical necessity for the trial of Flector patches was not indicated.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-online version, Pain chapter-Topical Analgesics.

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

Decision rationale: MTUS states that 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. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. The patient's injury was over 10 years ago. The progress note from 1/28/14 stated that the patient tried and failed Tramadol and that Tylenol/Codeine alleviate her pain. Although the patient reported " a lot of gastrointestinal side effects " after the use of Tramadol, there is a lack of documentation indicating that the patient experienced adverse effects from oral NSAIDs. There is no rationale with regards to why the patient needs the Flector patches at this time. Therefore, the request for Flector patches 1.3% #30 was not medically necessary.