

Case Number:	CM14-0054805		
Date Assigned:	07/07/2014	Date of Injury:	05/30/2008
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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:

According to the available documents this is a 46 year-old woman with a date of injury of 5/30/08. This is a request for Flector patches. These are applied to the skin and contain a non-steroidal anti-inflammatory drug also known as Diclofenac. She was using Naprosyn orally, which is another anti-inflammatory. The request for Flector patches was made in a report of 4/3/14 indicating chief complaints of medial right elbow pain, right sided neck pain with radiation into the right upper extremity, right elbow and forearm pain, right hand pain, intermittent numbness in the right hand, thumb and right shoulder blade. The neck pain was described as chronic, right sided with radiation into the right upper extremity. There is frequent radiation into the right shoulder blade. There were ongoing symptoms of medial epicondylar pain of the right elbow. Over the past month there had been a flare-up of the right shoulder pain. Objective findings included tenderness of the cervical spine, spasm in the right musculature, and tenderness along the right scapula. There was reduced range of motion. At the right elbow there is tenderness over the medial epicondyle. Neurologically there is slight hyperesthesia to pinprick and light touch in the right C6 dermatome. Strength is intact. In the right shoulder there is tenderness and reduced range of motion. The treatment plan states there has been a flare-up of the right shoulder pain and she was prescribed Norco and dispensed Flector patches. Authorization for a Kenalog injection for the shoulder and physical therapy for the right shoulder was also requested. The report also states that medial epicondylitis was not authorized. There is no mention of how long the patient had been using the Flector patch and no discussion of what body part the patient puts it on. The implication is that it is to be used on the shoulder. Naprosyn was prescribed on 1/20/14 (but not approved through utilization review.) She had used Ibuprofen orally previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Mason, 2004; Diaz, 2006; Hindsen, 2006; Gurol, 1996; Krummel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Prescribing information at <https://www.flectorpatch.com/index.aspx>.

Decision rationale: This is a topical NSAID. The prescribing information indicates this is indicated for topical treatment of acute pain due to minor strains, sprains and contusions. MTUS guidelines do not address this specific topical NSAID, but have been shown to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another 2 week period for osteoarthritis of the knee. Topical NSAID's are superior to placebo for 4-12 weeks. Indications are for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. Short-term use of 4-12 weeks is recommended. There is little evidence to utilize topical NSAID's for treatment of osteoarthritis of the spine, hip or shoulder. The requesting medical report primarily is addressing the flare-up of the right shoulder pain in the treatment plan. Physical therapy for the shoulder as well as a corticosteroid injection were requested. Flector patches are also prescribed but the report does not state where they were going to be applied. The implication is that these are for use on the shoulder as there is no mention of any flare-up of the medial epicondylitis. Had there been acute flare-up of the medial epicondylitis then a two-week trial of Flector patches could have been considered, but that is not documented as being the rationale for the use. Therefore, based upon the evidence in the guidelines, this treatment is not considered be medically necessary.