

<b>Case Number:</b>	CM14-0057574		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Texas. 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 45-year-old male who reported an injury on 08/02/2007. The mechanism of injury was not provided. On 04/15/2014, the injured worker presented with complaints related to the shoulder and hand. Current medications included Flector, Hydrocodone and Terocin. Upon examination, the injured worker had a forward flex body posture wearing a back brace. The bilateral upper extremities noted swelling over the right upper extremity, muscle atrophy noted in the flexor carpi radialis of the right upper extremity and erythema noted over the right arm. There was tenderness to palpation of the arm and range of motions for the shoulder was within normal limit except for abduction which was limited to 90 degrees. Diagnoses were shoulder hand syndrome. Prior therapy included the use of a TENS unit. The provider recommended a Flector 1.3% transdermal 12 hour patch, the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% transdermal 12 hour patch QTY:60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Flector 1.3% transdermal 12 hour patch quantity of 60 with 2 refills is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note that many agents are compounded as monotherapy or in combination for pain in joint including NSAIDS, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists and adenosine. There is little to no research to support the use of many of these agents. There is lack of documentation of the injured worker's failure to respond to anticonvulsants or antidepressants. Additionally, the site at which the Flector patch was indicated for was not provided. As such, medical necessity has not been established.