

Case Number:	CM14-0063877		
Date Assigned:	07/11/2014	Date of Injury:	03/30/2000
Decision Date:	08/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 48-year-old woman who sustained a work related injury on March 30, 2000. Subsequently, she developed a chronic upper extremity, neck, and low back pain. According to a progress note dated on April 16, 2014, the most relevant objective findings included normal gait, normal muscle tone in the upper extremities, and strength of 5/5 in all planes of the upper and lower extremities. The progress report dated on July 7, 2014 stated that overall there has been little change in the patient's health status. Her pain complaints remain about the same: she has persistent pain in the neck, worse with moving and turning her head particularly in the right trapezius. She is more tender and she feels that this is worse than the previous month. The patient was diagnosed with sprain/strain of neck and sprain/strain lumbar region. She is trying to get by with just one pain medication, Flector, and previously she was using the Lidoderm patches; however, she did try to compromise with the insurance company and uses less medication. More recently, her medication has been denied. The provider requested authorization for Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3%, #60 with 3 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 (ODG), Pain (Chronic), (NSAID).

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

Decision rationale: Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Based on the patient's records, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain including oral NSAID. In addition, the patient has been utilizing these patches since at least June 2012 without any evidence of substantial clinical improvement. Therefore, the prescription of Flector 3% is not medically necessary.