

Case Number:	CM14-0064149		
Date Assigned:	07/11/2014	Date of Injury:	05/17/1999
Decision Date:	09/12/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/07/2014

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 61-year-old male with a 5/17/99 date of injury. The patient was using a LEIHF machine in the course of his work as a machinist when his short cuff was caught and crunched with the said machine. He sustained an open grade 3 fracture of both bones of the dominant forearm. According to a 6/10/14 progress report, the patient was seen for follow-up of upper extremity pain secondary to complex regional pain syndrome. He continued to have burning constant pain in the right upper extremity. He reported having sensitivity to light touch in the arm. He had to use a protective sleeve over the right arm to minimize the pain. He rated his pain about 6/10 on VAS with the use of his medications. Objective findings: no abnormalities noted. Diagnostic impression: reflex sympathetic dystrophy of the upper limb. Treatment to date: medication management, activity modification, spinal cord stimulator trial, 8 reconstructive surgeries. A UR decision dated 4/8/14 denied the request for Flector patch. The patient has been using them for complex regional pain syndrome. Therefore, due to the fact that the patient was using the medication for a non-FDA approved condition and the lack of efficacy in clinical trials, use is not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch) Official Disability Guidelines (ODG) Pain Chapter - 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 is using Flector patches for right upper extremity pain secondary to complex regional pain syndrome. There is no documentation that the patient is suffering from osteoarthritis, an acute strain/sprain, or contusions. Guidelines do not support the use of Flector patches for complex regional pain syndrome. Therefore, the request for Flector 1.3 % patch #30 with 3 refills was not medically necessary.