

Case Number:	CM14-0073030		
Date Assigned:	07/16/2014	Date of Injury:	02/17/2010
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology and is licensed to practice in Tennessee. 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 45-year-old male with a 2/17/10 date of injury. The mechanism of injury was not provided for review. According to a progress report dated 2/22/14, the patient presented with complaints of pain, numbness, tingling, and dropping of objects from both hands. The patient is status post right carpal tunnel release surgery. Objective findings: bilateral positive Durkan's, positive Tinel's, positive Phalen's, bilateral flattening of bilateral cup sign. Diagnostic impression: carpal tunnel syndrome, flexor tenosynovitis, fasciitis, coolness in digits of left hand with possible entrapment in distal palmar arch, status post right carpal tunnel release surgery of 2011. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/30/14 denied the request for Flector patch. The guidelines do not support Flector patch for chronic pain, and there was no documentation that this patient cannot tolerate oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Special supplies phys/ qhp Flector patch 1.3 percent, quantity 30 with 2 refills for bilateral carpal tunnel syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages: 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Flector Patch Other Medical Treatment Guideline or Medical Evidence: FDA (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. There is no documentation that the patient has had a trial and failure of oral NSAIDs. In addition, there is no documentation that the patient is unable to take oral medications. Furthermore, there is no documentation that the patient has had an acute strain, sprain, contusion, or a diagnosis of osteoarthritis. Therefore, the request for Special supplies phys/ qhp Flector patch 1.3 percent, quantity 30 with 2 refills for bilateral carpal tunnel syndrome was not medically necessary.