

Case Number:	CM14-0077530		
Date Assigned:	07/18/2014	Date of Injury:	07/30/2009
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old male who reported a repetitive strain injury on 07/30/2009. Current diagnoses include right trigger thumb, right shoulder superior labral tear from anterior to posterior (SLAP) lesion, carpal tunnel syndrome bilaterally, forearm myofascial tension, and anxiety. A Request for Authorization form was submitted on 04/09/2014 for Flector patch 1.5% #30. The only clinical documentation submitted for review is an evaluation on 04/07/2014. The injured worker presented with complaints of persistent pain in the right upper extremity. The current medication regimen includes Vicodin, Pennsaid, Cymbalta, skelaxin, and oxycodone. The injured worker is currently engaged in a home exercise program for the shoulder. Physical examination revealed tenderness to palpation with taut bands and twitch responses in the right levator scapulae, trapezius, and rhomboid muscles causing radiating pain into the posterior scapula and neck. Internal range of motion was decreased and accompanied by pain, audible popping, and crepitation. The injured worker also demonstrated diminished strength in the right upper extremity with 2+ supraspinatus tenderness, 1+ supraspinatus atrophy, positive Neer and Hawkins testing, myofascial tension in the forearm flexors, medial and lateral epicondyle tenderness, 2+ edema and tenderness at the right thenar eminence, positive forearm compression testing, positive Tinell's and Phalen's testing, and decreased sensation in the right C6 and bilateral median nerve distributions. Treatment recommendations at that time included continuation of the current medication regimen, wrist splinting, and transcutaneous electrical nerve stimulation (TENS) therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.5% to right shoulder daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is Voltaren gel (diclofenac 1%) which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. The medical necessity for the requested medication has not been established. There is also no frequency or quantity listed in the request. As such, the request is not medically necessary.