

<b>Case Number:</b>	CM14-0083804		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Emergency Medicine 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 63-year-old female who reported an injury on 03/19/2013. The mechanism of injury was not provided. On 02/20/2014, the injured worker presented with pain and swelling along the radial aspect of the right wrist. Upon examination there was normal cervical spine range of motion. There was tenderness to palpation over the interphalangeal joints of the left hand and first dorsal compartment of the left wrist. There is intact sensation to light touch in all digits. The diagnoses were right de Quervain's tenosynovitis, symptoms of locking of the right hand, left de Quervain's tenosynovitis, symptoms of locking of the left hand. The provider recommended Flector 1.3% patch with a quantity of 30. 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% patch, Quantity: 30:** Upheld

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

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

**Decision rationale:** 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 primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Many agents are compounded as monotherapy in combination for pain control including NSAIDs, opioids, Capsaicin, local anesthetics, Lidocaine, Adenosine, cannabinoids, and bradykinin. There is little to no research to support the use of many of these agents. The provider's request does not indicate the frequency of the medication or the site it is indicated for in the request as submitted. As such, medical necessity has not been established.