MAXIMUS Federal Services

Case Number:	CM14-0084192		
Date Assigned:	07/21/2014	Date of Injury:	01/31/2009
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 50-year-old female with a reported injury on 01/31/2009. The mechanism of injury was due to repetitive use of her hands that progressed up to her elbows and shoulders. Her diagnoses included repetitive stress injury bilateral upper extremities, tenosynovitis bilateral index and middle fingers, bilateral carpal tunnel syndrome, and bilateral rotator cuff tendinitis. She has had previous treatments of physical therapy, braces and various medications and has had a previous trial of a patch with only 50% efficacy that was reported. The injured worker had an examination on 05/29/2014 with complaints of sharp pain to the base of her fingers. She reported that it had been going on for several months and that her hand cramped. She had pain with opening any jars and she was unable to sleep due to the numbness and tingling. She also complained of bilateral chronic pain to her shoulder. Upon examination, it was noted that there was decreased sharp, dull discrimination over the radial digits of the right hand, and the bilateral hands have pain over the index and middle finger A1 pulleys. There was no click. The Tinel's sign was negative bilaterally but positive Phalen's sign. There was good strength to the elbow and flexion and extension. The right shoulder was reported to have okay strength. There were findings that were consistent with impingement.The list of medications included Flexor patch and Motrin. The recommended plan of treatment was for a possibility of a cortisone injection and to renew her medications. A request for authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% # 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. The California MTUS Guidelines also do not recommend any compounded product that contains at least 1 drug (or drug class) that is not recommended. The Flector patch contains a nonsteroidal anti-inflammatory agent and the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. It is for short-term use of 4 to 12 weeks. There is little evidence to utilize the topical NSAIDs for treatment of osteoarthritis of the spine and for shoulder. However, the indications are for osteoarthritis and tendinitis, particularly that of the knee and elbow or other joints that are amenable to topical treatment. The injured worker does complain of pain and numbness to her hands and her shoulders. There was a lack of evidence that it is neuropathic pain or that it is non-neuropathic pain. There was a lack of evidence that there was a trial of antidepressants and anticonvulsants that have failed. It is unknown as far as the duration as to how long this injured worker has been using these patches, although it was mentioned that she did have a previous trial of these patches and the efficacy was only at 50%. Furthermore, the request does not specify frequency, duration, and placement as to where to apply the patch. Therefore, the clinical information fails to meet the evidence-based guidelines and the request for Flector 1.3% is not medically necessary.