

Case Number:	CM14-0084862		
Date Assigned:	09/19/2014	Date of Injury:	03/15/2005
Decision Date:	10/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family 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 50-year-old female patient who reported an industrial injury on 3/15/2005, over 9 years ago, attributed to the performance of her usual and customary job tasks. The patient is reported to have seronegative rheumatoid arthritis and chronic myofascial pain syndrome. The patient is speculated to have fibromyalgia. The patient continues to complain of pain in the shoulders, elbows, wrist, and forearms. The patient was previously prescribed methotrexate and prednisone for rheumatoid arthritis. The patient is prescribed Flector patch 1.3% #60 for the effects of the industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Patches: 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; NSAIDs Page(s): 111-113 22, 67-68, 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter topical analgesics; NSAIDs American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-15

Decision rationale: The prescribed topical anti-inflammatory patches (FLECTOR PATCHES) are not medically necessary for the treatment of the injured worker and are inconsistent with the recommendations of the CA MTUS and the Official Disability Guidelines. The patient has exceeded the 6-8 week recommendation for the use of topical NSAIDs. There is no demonstrated medical necessity for the use of the topical patches in addition to the prescribed oral NSAIDs or OTC NSAIDs. There is no evidence provided that Flector patches are medically necessary over the available OTC topical NSAIDs. There is no evidence-based medicine or current literature to establish the effectiveness topical NSAIDs in patch form for chronic shoulder pain. The use of topical NSAIDs is noted to be effective for only 2-4 weeks without any further demonstrated functional improvement. The use of Flector patches is not demonstrated to be medically necessary over the available OTC NSAIDs both oral and topical. The patient has been provided with a prolonged prescription of the Flector patches and there was no demonstrated functional improvement. There is no medical necessity for the prescription of Flector patches in addition to the prescribed medications. The objective findings documented by the requesting provider do not demonstrate ongoing myofascial or topical pain issues. The objective findings do not support the medical necessity for the prescribed Flector patches. The use of topical anti-inflammatory patches is not considered medically necessary for the treatment of chronic back and leg pain. The use of topical analgesic patches or transdermal compounds are not supported with objective evidence that is peer reviewed and accepted by the national medical community. There is no objective peer reviewed evidence available and only anecdotal evidence has been put forth to establish the use of the prescribed Flector Patches. There is no medical evidence provided to support the use of the topical analgesic patches for chronic pain over the use of prescribed oral medications. The use of topical transdermal applications such as the Flector Patch are not supported with objective evidence that is peer reviewed and accepted by the national medical community. The prescription of the Flector Patches 1.3% for the treatment of the patient is not supported with objective evidence to demonstrate medical necessity or establish functional capacity improvement. There is no objective peer reviewed evidence available to support the continued use of the Flector patches and only anecdotal evidence has been put forth to establish the use of these identified compounds. The use of topical NSAIDs has only been shown to be effective over a two week time period and only for Osteoarthritis. The prescription for Flector Patches topically is not demonstrated to be medically necessary for the treatment of the patient's chronic pain complaints due to arthritis. The prescription of Flector Patches as a topical NSAID is not recommended.