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| Case Number: | CM14-0132411 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 03/13/2008 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59 year old female who sustained an industrial injury reported on 3/13/2008. She has reported chronic pain involving the bilateral shoulders, arm, hands, wrists and fingers. The diagnoses have included cervicalgia; degeneration of cervical intervertebral disc; shoulder pain, wrist pain; carpal tunnel syndrome; mild diffuse asymmetric osteoarthritis of the right hand; and osteoarthritis in her hands. Treatments to date have included consultations; diagnostic laboratory and imaging studies; electromyogram and nerve conduction studies; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary, and working full duty. The clinical notes, dated 6/10/2014, show: a second work injury claim for an injury reported in 2004; that there is no liver disease; that this IW declines work restrictions as she wants to continue working; that she does not like taking medication; that her hands were swollen and laboratories were ordered; and that in-office Alpha-stimulation treatments were requested. On 7/18/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 7/11/2014, for Flector patches 1.3 #30 for significant pain relief. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, non-steroidal anti-inflammatory agents, topical analgesics, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic NSAIDs, non-steroidal anti-inflammatory drug.

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

Decision rationale: Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. Based on the patient's records, the prescription of Flector patches 1.3% #30 is not medically necessary.