

Case Number:	CM14-0201624		
Date Assigned:	12/19/2014	Date of Injury:	06/29/2005
Decision Date:	01/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 57 year old female with a reported industrial injury on 06/29/2005 to the right wrist. This was attributed to the performance of her job tasks reported as squeezing chicks to determine gender. The patient complained of bilateral wrist and hand pains. It is noted that the patient had a subsequent injury (date not documented) to the right wrist with a different employer. Treatments provided included bracing, cortisone injections, topical analgesics, anti-inflammatory's, Physical and Occupational therapy. The patient complained of persistent right wrist and thumb pain with intermittent tingling and numbness. The patient was diagnosed with ulnar neuritis and osteoarthritis with CMC joint osteoarthritis of the bilateral thumbs. MRI dated 10/25/2005 noted a minimal ulnar plus variant. EMG done 08/23/2007 showed no evidence of peripheral nerve impingement to the ulnar of median nerves. Utilization Review dated 11/13/2014 denied requested Flector patch as not medically necessary per CA MTUS ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Topical analgesics Page(s): 22, 67-. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical analgesics

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. There 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. There are no controlled studies supporting the use of topical NSAID for the long term treatment of osteoarthritis or chronic wrist pain. Based on the patient's records, the prescription of Flector patch 1.3%, #60 is not medically necessary.