MAXIMUS Federal Services

Case Number:	CM14-0202940		
Date Assigned:	01/29/2015	Date of Injury:	08/01/2004
Decision Date:	02/24/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 yr. old female claimant sustained a work injury on 8/1/04 involving the low back and shoulder. She was diagnosed with lumbar degenerative disc disease. In May 2014, the claimant had been on topical Lidocaine, Diclofenac and Flector patches. In addition, she had been on oral Ibuprofen. A progress note on 10/15/14 indicated the claimant had right shoulder pain. Exam findings were notable for right shoulder limited range of motion and tenderness to palpation in the right lateral epicondyle. The claimant is on the same medications as May 2014 for pain control. Flector 1.3% patch was continued and to be applied to the shoulder and right foot daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3 %, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAID's Page(s): 111 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain Flector patch

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over several months along with other topical NSAIDs. There is limited evidence to support long-term use of Flector. The Flector patch is not medically necessary.