

Case Number:	CM15-0003418		
Date Assigned:	01/16/2015	Date of Injury:	01/18/2011
Decision Date:	03/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 01/18/2011. On provider visit dated 11/06/2014 she has reported persistent left wrist, left elbow and forearm pain. The diagnoses have included left shoulder pain, left shoulder adhesive capsulitis, status post left shoulder mumford procedure, acromioplasty and debridement, status post right carpal tunnel syndrome, right lateral epicondylitis, and clinically consistent neuropathy. On examination she was noted to be grossly protective of left upper extremity, wearing tennis elbow splint and left wrist immobilizer splint, tenderness noted in the left elbow joint, left wrist and left lateral epicondylar area. Treatment plans include Celebrex 100mg BID #60, and Flector patches #30 for pain and inflammation both with 3 refills. On 12/08/2014 Utilization Review non-certified prospective use of Flector patches #30 with 3 refills. The MTUS, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Flector Patches #30 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with left wrist, left elbow and forearm pain. The current request is for prospective usage of Flector patches #30 with 3 refills. The treating physician states that the left elbow pain is a swollen feeling associated with constant achy type of pain and the patient feels her left elbow is frozen. She has radiating pain from the left elbow to the left forearm. The MTUS guidelines state that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, the patient does present with left wrist and elbow pain. However, the treating physician does not indicate how the Flector patches are used, where and what specific effect. He only states, "Apply to skin." For chronic pain, MTUS page 60 requires "record" of pain and function with medications used. The treating physician states that the Flector patch "helped to decrease pain and swelling" but did not provide a measurement of improvement in function with the Flector patch. The current request is not medically necessary and the recommendation is for denial.