

Case Number:	CM15-0004360		
Date Assigned:	01/15/2015	Date of Injury:	02/21/2013
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 68- year old male, who sustained an industrial injury on February 21, 2013. He has reported unloading an air conditioner that weighed approximately 800 pounds resulting in a cumulative injury to the bilateral upper extremities. The diagnoses have included lumbar facet syndrome, low back pain, muscle spasm and stiffness of joint. Treatment to date has included physical therapy with a home exercise program, pain medications to include topical patches and routine monitoring. Currently, the IW complains of upper extremity pain. Pain was rated a six on a scale of ten, was constant and characterized as stabbing, burning, splitting, throbbing, stinging, and cramping, and tingle with pins and needles sensation. There was also numbness and tingling that extending down to the foot. There were also frequent muscle spasms in the cervical and periscapular regions. Treatment plan included medication refills and a surgical consultation for intervention of TOS, thoracic spine. On December 18, 2014, the Utilization Review decision, non-certified a request for Flector Patches 1.3 percent, count 30, noting the topical analgesic medication is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the request did not indicate a frequency of the medication. The MTUS, ACOEM Guidelines, (or ODG) was cited. On January 6, 2015, the injured worker submitted an application for IMR for review of Flector Patches 1.3 percent, count 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 patches of Flector 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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 30 patches of Flector 1.3% is not medically necessary.