MAXIMUS Federal Services

Case Number:	CM15-0008514		
Date Assigned:	01/26/2015	Date of Injury:	04/01/2013
Decision Date:	04/10/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 27-year-old female, with a reported date of injury of 04/01/2013. The diagnoses include chronic bilateral lateral epicondylitis/extensor origin tendinopathy, bilateral de Quervain's tenosynovitis, chronic bilateral wrist extensor and flexor tendinitis, and status post right lateral epicondylectomy with fascial stripping, first dorsal compartment release, flexor carpi radialis tendon sheath release, and radial tunnel release.Treatments have included bilateral wrist braces, an oral anti-inflammatory medication, and occupational hand therapy.The progress report dated 12/30/2014 indicates that the injured worker had constant ongoing bilateral upper extremity symptoms. On examination, the injured worker was tearful. She had been having worsening symptoms since the surgery. The treating physician requested Flector 1.3%. The rationale for the request was not indicated.On 01/06/2015, Utilization Review (UR) denied the request for Flector 1.3% #60, with two (2) refills. The UR physician noted that the rationale or benefit of ongoing use of a topical non-steroidal anti-inflammatory drug had not been satisfactorily established. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60; 2 refills Script written 10/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Psychological Treatment, Topical Analgesics Page(s): 80, 101, 111-113.

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

Decision rationale: Flector 1.3% #60; 2 refills Script written 10/30/14 is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that is contains the non steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, and ankle). The guidelines state that topical diclofenac is not indicated for spine, hip or shoulder. The documentation indicates that the patient was prescribed Flector Patch in Sept. 2014. The documentation does not indicate significant improvement in pain or function on Flector patch. The request for continued Flector patch is not medically necessary or appropriate.