

Case Number:	CM15-0106207		
Date Assigned:	06/10/2015	Date of Injury:	11/01/2000
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, 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:

This 67 year old male sustained an industrial injury to bilateral upper extremities on 11/1/00. Previous treatment included wrist splints and medications. In a PR-2 dated 1/20/15, the injured worker complained of pain to bilateral wrists, rated 6/10 on the visual analog scale. The injured worker was initiated on Flector patches. In a PR-2 dated 5/10/15, the injured worker complained of pain to bilateral wrists, rated 5/10, associated with numbness, tingling and decreased sensation. The injured worker stated that he needed new wrist splints. The physician noted that the injured worker had shown no improvement with treatment. Physical exam was remarkable for bilateral wrists with worsening grip strength, decreased range of motion, positive bilateral Tinel's sign and Phalen's sign and positive left Froment's sign. Current diagnoses included carpal tunnel syndrome. The treatment plan included prescription refills (Cyclobenzaprine, Neurontin, Ambien and Norco, Flector patches) and requesting wrist splints. The medication list includes Cyclobenzaprine, Neurontin, Ambien and Norco, Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Flector Patches 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Chronic Pain - Topical Analgesics, pages 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/31/14) Flector patch.

Decision rationale: Flector patch contains Diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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." Any intolerance or contraindication to oral medications was not specified in the records provided. Per the records provided evidence of neuropathic pain was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. In addition, according to the ODG guidelines, Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The request for 60 Flector Patches 1.3% is not medically necessary in this patient.