MAXIMUS Federal Services

Case Number:	CM15-0109713		
Date Assigned:	06/16/2015	Date of Injury:	04/06/2011
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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 76 year old male, who sustained an industrial injury on 4/6/11. He reported initial complaints of right arm/upper extremity due to repetitive use. The injured worker was diagnosed as having neck sprain. Treatment to date has included physical therapy; medications. Diagnostics included EMG/NCV study upper extremities (4/28/11); EMG/NCV study right upper extremity (11/17/11); MR right wrist (MRI Ext upper joint without contrast) (7/19/11). Currently, the PR-2 notes dated 5/18/15 indicated the injured worker complains of continued neck and right wrist pain. Pain is worse in the morning upon waking and aggravated with the use of the right arm and hands. The provider notes there is no numbness, tingling or weakness. Objective findings the provider notes a normal gait and arm swing, wearing a right wrist brace. He notes tenderness to palpation of the cervical spine with loss of full range of motion; 4/5 bilaterally of the upper extremities. She is diagnosed with a neck sprain. An EMG/NCV study of the upper extremities on 4/28/1 revealed evidence of right C5-C6 radiculopathy with active denervation. Another EMG/NCV study was completed on the right upper extremity on 11/17/11 with evidence chronic right C5-6-7 radiculopathy with more severe changes in the C6 distribution. Compared to prior study, the provider notes evidence of progression of the cervical root pathology. A MR right wrist (MRI Ext upper joint without contrast) dated 7/19/11 impression reveals no muscle abnormality of the distal forearm. Muscles of the hand are included and there is no abnormality along the ulnar or median nerves. There is moderate nonspecific radio-carpal effusion longstanding with associated chronic pressure erosion along the volar and proximal pole of the scaphoid. There is also prominence of fluid in

the volar ulnar prestyloid recess. The provider's treatment plan includes continuation of activity as tolerated and refill of medications on this day. Medications are listed as Celebrex 200mg one twice a day #60, Lyrica 150mg one twice a day #60 and a Flector patch. The provider is requesting authorization of the denied Flector patch 1.3% #30 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flector patch (diclofenac epolamine).

Decision rationale: Flector patch 1.3% #30 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The ODG states that Flector patch is not recommended first line. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. The documentation is not clear that the patient has osteoarthritis in the hands. The patient's wrist/hand symptoms appear secondary to cervical radiculopathy. The MTUS does not recommend topical NSAIDs long term and the ODG states that this medication is for acute sprains, strains and contusions rather than chronic pain. The request for Flector patch is not medically necessary.