

Case Number:	CM15-0010597		
Date Assigned:	02/23/2015	Date of Injury:	11/04/2010
Decision Date:	04/06/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/20/2015

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 35 year old female, who sustained an industrial injury on 11/4/10. On 1/20/15, the injured worker submitted an application for IMR for review of Flector 1.3 Percent Patches Qty 30. The treating provider has reported the injured worker complained of right upper extremity with muscle spasticity to right trapezius muscle and cervical musculature; numbness and tingling to right hand/digits. The diagnoses have included myalgia and myositis, unspecified; neuralgia, neuritis and radiculitis, unspecified; low back pain. Treatment to date has included physical therapy, acupuncture, chiropractic care, trigger point injections upper trapezius, TENS unit, right shoulder x-rays (3/12/12), cervical x-rays (4/25/12), EMG/NCS right upper extremity (9/18/12), right shoulder MRI 9/21/12), cervical MRI (6/4/13), right shoulder MRI post surgical (6/4/13), EMG/NCS right upper extremity (8/15/13), right shoulder subacromial decompression ; distal clavicle excision (3/5/12), Stellate ganglion nerve block right upper extremity (8/14/12), right rotator cuff repair (12/8/12). On 1/16/15 Utilization Review non-certified Flector 1.3 Percent Patches Qty 30. 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 Percent Patches Qty 30: Upheld

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

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 or oral pain medication. The effect of the patient psychiatric condition on the patient pain perception and on the number of pain medications used should be objectively evaluated. Based on the patient's records, the prescription of Flector Patches #30 is not medically necessary.