

Case Number:	CM15-0132577		
Date Assigned:	07/20/2015	Date of Injury:	07/26/2010
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female who sustained an industrial injury on 7/26/2010 resulting in neck and back pain. She was diagnosed with Cervicalgia; thoracic region strain or sprain; migraine; mild herniated thoracic disc displacement T6-%7; and, cervical spondylosis without myopathy. Treatment has included Physical therapy; chiropractic treatment with no reported benefit; T6-T7 interlaminar epidural steroid injection with 50 percent relief for five months, but pervious cervical epidural steroid injection with report of no benefit; TENS unit which is reported to have helped decrease pain; anti-inflammatory medication with side effects; and, opioids at bed time. The injured worker continues to present with radiating cervical thoracic pain. The treating physician's plan of care includes Flector 1.3 percent patches for daytime use. The injured worker is working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch (unspecified quantity): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for radiating neck and thoracic pain. When seen, there had been more than 50% pain relief lasting for five months after a thoracic epidural injection in December 2014. She had been able to decrease her use of medications. She was having neck pain radiating to the right shoulder and midthoracic pain radiating to the right scapula. There was cervical and thoracic muscle tenderness with right upper trapezius muscle spasms. There was thoracic tenderness with radiating sensations. Norco and Flector were being prescribed. Authorization for a repeat epidural injection was requested. Oral NSAIDS had included Celebrex with gastrointestinal upset. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant did not tolerate oral NSAIDS. However, the claimant has not had a trial of topical diclofenac in a non-patch formulation. Flector was not medically necessary.