

Case Number:	CM15-0137298		
Date Assigned:	07/27/2015	Date of Injury:	05/16/2014
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 5/16/2014. He reported neck and right shoulder symptoms after pushing a heavy wheelbarrow. Diagnoses have included cervical pain, right shoulder impingement and cervical radiculopathy. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 6/25/2015, the injured worker complained of pain in his neck, upper back, mid-back, right shoulder, right arm, right elbow, right wrist and right hand. He rated his pain as four out of ten with medications. He rated his pain without medications as ten out of ten. He stated that his medications were working well. The injured worker appeared to be calm and in mild pain. Exam of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. There was spasm, tenderness, and hypertonicity of the paravertebral muscles. Exam of the thoracic spine revealed spasm of the paravertebral muscles on the right. There was tenderness and restricted range of motion of the right shoulder. Authorization was requested for Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Patches of Flector 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. There was no reduction in Norco use while on Flector. The continued and chronic use of Flector patch is not medically necessary.