

Case Number:	CM15-0141470		
Date Assigned:	07/31/2015	Date of Injury:	03/09/2014
Decision Date:	09/03/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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 is a 44-year-old male patient who sustained an industrial injury on 03-09-14. The diagnoses include left medial epicondylitis, ulnar neuropathy and upper extremity repetitive strain injury. Per the doctor's note dated 6/15/2015, he had complaints of pain and soreness along the medial epicondyle at the common flexor tendon insertion. The physical examination revealed positive Tinel's sign at the left medial epicondyle, tenderness over the common flexor tendon and full normal range of motion of the left elbow. The medications list includes Cymbalta, Zorvolex, and Flector patches. He has had a MRI of the left forearm which revealed a common flexor tendinitis with subcutaneous edema. He has had physical therapy visits for this injury. The requested treatment includes Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary last updated 06/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Flector® patch (Diclofenac epolamine).

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", patient is taking cymbalta. Failure of anticonvulsants for this injury is not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. In addition, according to the ODG guidelines, flector patch is "Not recommended as a first-line treatment." Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. 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. Post-marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver." The request for Flector patch 1.3% #60 with three refills is not medically necessary or fully established for this patient at this juncture.