

Case Number:	CM15-0184038		
Date Assigned:	09/24/2015	Date of Injury:	04/08/2015
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 04-08-2015. The injured worker was diagnosed with right proximal radius fracture, status post right radius head fracture surgery, aftercare for musculoskeletal system surgery and aftercare healing traumatic fracture of upper arm. Comorbid conditions include obesity (BMI 30.2). On 04-14-2015, she underwent surgery. According to a progress report dated 07-29-2015, the injured worker had completed 9 out of 12 sessions of occupational therapy. She was hesitant to do any activities with the right upper extremity. She reported pain from the neck to the tip of the fingers with stiffness and pain from right shoulder to right hand and fingers. She was hesitant to drive or hold steering wheel so was driven by her spouse to the appointment. Present treatment included bracing, Ibuprofen and light duty noted. On exam there was no erythema, effusion or increased warmth of the right arm, elbow, forearm, wrist, hand or fingers. Well healed flat surgical scars were noted at the elbow. Range of motion of the elbow was limited. The treatment plan included occupational therapy 2 times a week for 3 weeks. On 09-09-2015, Utilization Review non- certified the request for retrospective Flector 1.3% patch, #30 dispensed on 07-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flector 1.3% patch, #30 dispensed on 07/29/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Medial Epicondylalgia, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. *Phys Sportsmed.* 2013 May; 41 (2): 64-74.

Decision rationale: Diclofenac Topical Patch (Flector Patch) is a non-steroidal anti-inflammatory (NSAID) medication indicated for topical treatment of acute pain due to minor strains, sprains & bruises and is formulated for use as a topical analgesic. Topical analgesic medications have been shown to give local analgesia. The use of topical NSAID agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or chronic musculoskeletal pain. Studies on small joints and knees have shown topical NSAIDs effective in short-term use trails for chronic musculoskeletal pain. There is little evidence to recommend them to treat osteoarthritis of the spine, hip or shoulder and the MTUS does not recommend their use to treat neuropathic pain. Long-term use of topical NSAIDs has not been adequately studied. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. This patient has musculoskeletal pain. Use of topical NSAIDs is an option in therapy as recommended by the MTUS. Medical necessity for continued use of Flector Patch has been established.