

Case Number:	CM15-0184386		
Date Assigned:	09/24/2015	Date of Injury:	01/01/2007
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female who sustained an industrial injury on 9-20-2003. A review of medical records indicates the injured worker is being treated for status post cervical spine fusion, status post right carpal tunnel release; status post left carpal tunnel release, and sprain strain of the bilateral shoulders. Medical records dated 9-9-2015 noted neck pain that spreads into her left shoulder with associated numbness. It is noted there was functional improvement and improvement with pain with medications. She rates her pain a 2-3 out of 10 with medications and a 10 out 10 without medications. Medical records dated 5-5-2015 noted pain a 4 out 10 with medications and a 10 out 10 without medications. Physical examination dated 9-9-2015 noted tenderness to the midline cervical. There was also tenderness and spasms noted in the bilateral para cervical and bilateral upper trapezius muscles. Cervical range of motion was decreased. Treatment has included tramadol, Ketoprofen, Celebrex, and Flector patches since at least 3-19-2015. RFA dated 9-9-2015 requested Flector Patches. Utilization review form dated 9-16-2015 noncertified Flector 1.3% Patches # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with neck pain that spreads into her left shoulder with associated numbness. She reports that she continues to have numbness in her bilateral wrists and hands. The request is for Flector 1.3% patches #30. The request for authorization is not provided. Physical examination reveals tenderness midline cervical. There is also tenderness and spasms noted in the bilateral paracervical and bilateral upper trapezius muscles. The patient is to continue Yoga and home exercises. The patient rates her pain 2-3/10 with and 10/10 without medication. She notes improvement with activities of daily living as well as increased ability to push, pull and grasp as a result of her current medication usage. Patient's medications include Tramadol, Ketoprofen, Dexilant, Flector Patch, Dulcolax, Celebrex, Klonopin, Clonidine, Clonidine Patch, Metoprolol, Vitamin B, Cymbalta, Motrin, and Advil. Per progress report dated 09/09/15, the patient is P&S. MTUS, Topical Analgesics Section, pg 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per progress report dated 09/09/15, treater's reason for the request is "for its local anti-inflammatory effect." Patient has been prescribed Flector Patch since at least 03/19/15. In this case, treater does not discuss or document the patient with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. This patient presents with neck pain for which topical NSAIDs are not supported. Therefore, the request IS NOT medically necessary.