

Case Number:	CM15-0186680		
Date Assigned:	09/28/2015	Date of Injury:	12/06/2010
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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 69 year old male, who sustained an industrial injury on 12-06-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder sprain and strain with impingement, bilateral wrist carpal tunnel syndrome, cervical spine pain with radiculopathy, cervical facet syndrome, and sleep difficulties. Medical records (03-17-2015 to 08-19-2015) indicate ongoing right shoulder pain and cervical spine pain. Pain levels were 5 out of 10 on a visual analog scale (VAS) with medications and 6 out of 10 without medications. There were no noted changes in pain levels between 03-17-2015 and 08-19-2015. Records also reported "previous acupuncture allowed for increased activities of daily living". Per the treating physician's progress report (PR), the IW has not returned to work as he is retired. The physical exam, dated 08-19-2015, revealed tenderness to the cervical paraspinal and trapezius muscles, positive cervical compression test with radiation to the periscapular and upper arm, restricted range of motion in the cervical spine, tenderness in the right shoulder, restricted range of motion in the right shoulder, and positive impingement sign. Although the progress notes are hand written and difficult to decipher, there does not appear to be any changes from the previous exam dated 07-06-2015. Relevant treatments have included acupuncture which was reported to allow IW to increase activities of daily living, physical therapy (PT), work restrictions, and pain medications (Tylenol and aspirin). The request for authorization (08-19-2015) shows that the following medications was requested: Flector patches 1.3% #30. The original utilization review (09-08-2015) non-certified the request for Flector patches 1.3% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Flector patches 1.3% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.