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| Case Number: | CM15-0188078 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 10/25/2012 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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 38 year old female, who sustained an industrial injury on October 25, 2012. The injured worker was diagnosed as having right hip pain, right hip labral tear per magnetic resonance imaging, shoulder sprain and strain, right shoulder impingement, tendinitis of the right shoulder per magnetic resonance imaging, radiculopathy of the right lower extremity, radiculopathy of the cervical spine, sprain and strain of the cervical, thoracic, and the lumbar spine of chronic nature. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the right hip, x-rays of the thoracic and lumbar spine, medication regimen, and physical therapy. In a progress note dated August 28, 2015 the treating physician reports achy, pressure pain to the cervical spine; pressure, sharp pain to the thoracic spine; pressure to the right hip that radiates to the groin; pressure pain to the right upper extremity and shoulder; and pressure pain to the lumbar spine that radiates to the bilateral lower extremities described as sharp, shocking, and with bruised sensation. Examination performed on August 28, 2015 was revealing for decreased range of motion to the cervical spine with pain, decreased range of motion to the thoracolumbar spine, positive toe walk, positive heel walk, positive tenderness to the paraspinal muscles, positive Neer's testing to the right shoulder, positive impingement testing, positive Apley's testing, positive Hawkin's testing, and decreased range of motion to the right hip with pain. The progress note from August 28, 2015 did not include a medication regimen. On August 28, 2015 the injured worker's pain level was rated a 7 out of 10 to the cervical spine, right upper extremity, and right shoulder, a 6 out of 10 to the thoracic spine, an 8 out of 10 to the lumbar spine, and an

8 to 9 out of 10 to the right hip and groin. The progress note from June 30, 2015 did not include a medication regimen and noted that the injured worker "has received no medications from us for a long time. She does not tolerate oral medications well." On August 28, 2015 the treating physician requested Flector Patch one daily with one refill with a quantity of 30, but did not indicate the specific reason for the requested medication. On September 10, 2015 the Utilization Review determined the request for Flector Patch one daily with one refill with a quantity of 30 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #30 1 daily with 1 refill: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Topic Flector patch.

Decision rationale: The patient presents with pain in the cervical spine, the right shoulder, thoracic pains, and pain in the lumbar spine radiating to the bilateral lower extremities. The request is for Flector patch #30 1 daily with 1 refill. Examination to the cervical spine on 08/28/15 revealed a decrease in range of motion. Examination to the right shoulder revealed positive Neer's, Apley's and Hawkins signs and weak abduction against resistance. Per 06/30/15 progress report, patient's diagnosis include right hip pain, right hip labral tear, positive per MRI, right shoulder sprain/strain, right shoulder impingement, tendinitis of the right shoulder positive per MRI, radiculopathy of the right lower extremity clinically, radiculopathy of the cervical spine clinically, and sprain/strain of the cervical, thoracic and lumbar spine of a chronic nature. Patient's work status is modified duties. Regarding topical NSAIDs, MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics section, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, 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)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." A prescription for Flector Patch is first noted in progress report dated 08/28/15. Review of the medical records provided did not indicate a prior use of this medication and it appears that the treater is initiating it. In progress report dated 06/30/15, the treater states that the patient does not tolerate oral medications well. The patient continues with pain in the right shoulder and is diagnosed with tendinitis of the right shoulder, for which this medication would be indicated. However, ODG guidelines do not support the use of Flector Patch beyond two weeks. The request for Flector Patch #30 with 1 refill would exceed what is recommended by ODG and does not meet guidelines indication. Therefore, the request is not medically necessary.