

Case Number:	CM15-0196349		
Date Assigned:	10/12/2015	Date of Injury:	05/16/2014
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 54-year-old woman sustained an industrial injury on 5-16-2014. Evaluations include right shoulder MRI dated 6-22-2014. Diagnoses include neck pain due to myofascial pain, strain, and spasms; shoulder pain due to tendonitis, acromioclavicular arthritis, and bursitis; and thoracic spine pain due to myofascial pain. Treatment has included oral and topical medications, 6 sessions of acupuncture, steroid injection to the shoulder, and 10 sessions of physical therapy. Physician notes dated 9-17-2015 show complaints of neck pain, mid and upper back pain, right shoulder pain, right arm pain, right elbow pain, right wrist pain, and tight hand pain. There is no physical examination identified. Recommendations include transforaminal cervical epidural steroid injection, continue Norco, continue Flector patch, transportation to appointments, and work restrictions. Utilization Review modified a request for Flector patches on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.
Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers'

Compensation, Online Edition, 2015 Chapter: Pain (Chronic) Flector patch (diclofenac epolamine).

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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are neck pain, myofascial pain, strain, spasm; shoulder pain; and thoracic pain myofascial. Date of injury is May 16, 2014. Request for authorization is September 17, 2015. According to a April 30, 2015 progress note, current medications included Norco and Flector patch. According to a September 17, 2015 progress note, subjectively the documentation states 5/10 pain score with medications and sleep is poor. There are no specific subjective complaints related to the musculoskeletal region. Objectively, there are vital signs, but no physical examination of the musculoskeletal system for a neurological evaluation. There are no first-line treatment failures with antidepressants or anticonvulsants. There is no clinical indication or rationale for the topical analgesic. There is no documentation demonstrating objective optional improvement to support ongoing Flector. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective optional improvement, no documentation with a clinical indication or rationale for its use and no treatment failure with first-line antidepressants or anticonvulsants, Flector patch 1.3% #30 is not medically necessary.