

Case Number:	CM15-0021483		
Date Assigned:	02/11/2015	Date of Injury:	01/28/2012
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/04/2015

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:

The injured worker is a 58 year old male/female, who sustained a work/ industrial injury as a school teacher on 1/28/12 when neck was hit with a ball. She has reported symptoms of neck pain that radiated to the upper back associated with numbness and tingling in the left and right side of the whole body. Prior medical history includes epigastric pain with Non-Steroidal Anti-Inflammatory Drug. The diagnoses have included myofascial pain. Treatments to date included conservative measures, job modification to light duty, medication, acupuncture, and massage. Examination noted the cervical spine was slightly guarded in side to side turning and twisting and mildly diffusely tender and overlying skin was normal. Flector patches were used on an 'as needed' basis every 12 hours with good results. On 1/13/15, Utilization Review non-certified a Flector patches 1.3% every 12 hours #30 with 4 refills, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3% every 12 hours #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% q12 H #30 with four refills 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 cervical degenerative disc disease; and myofascial pain in the cervical paraspinal musculature and bilateral upper trapezius muscles. Flector patch (diclofenac epolamine topical patch 1.3%) is indicated for acute sprains, strains and contusions. The documentation does not contain evidence of acute sprains, strains and contusions. The injured worker is in the chronic phase for the injuries sustained. Consequently, absent compelling clinical documentation in contravention of the recommended guidelines, Flector patch 1.3% Q 12 H #30 with four refills is not medically necessary.