

Case Number:	CM15-0212989		
Date Assigned:	11/02/2015	Date of Injury:	05/12/2011
Decision Date:	12/14/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 05-12-2011. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for gastroesophageal reflux disease, chronic pain, failure of right shoulder rotator cuff repair and non-traumatic tear of right rotator cuff. Treatment and diagnostics to date has included lumbar spine MRI, Toradol injections, and medications. Recent medications have included Flector 1.3% patch (since at least 06-10-2015), Naprosyn, Pantoprazole, Gabapentin, Tizanidine, and Metformin. Subjective data (08-05-2015 and 09-30-2015), included low back, right shoulder, and hand pain rated 6 out of 10 with medications and 9-10 out of 10 without medications. The treating physician noted that the injured worker is waiting for authorization for shoulder surgery. Objective findings (09-30-2015) included spasm in the lumbar paraspinal muscles, tenderness to palpation in the paravertebral area of L4-S1 levels, myofascial trigger points with twitch response in the quadratus muscle, decreased strength of the extensor and flexor muscle along the L4-5 dermatome in bilateral lower extremities, and positive straight leg raise test. The request for authorization dated 10-14-2015 requested right trochanteric hip injection, Pantoprazole, Flector 1.3% patch-1 every 12 hours daily #30, Gabapentin, and Tizanidine. The Utilization Review with a decision date of 10-20-2015 non-certified the request for Flector 1.3% patch-1 every 12 hours daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch 1 every 12 hours daily #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Flector patch.

Decision rationale: This claimant was injured 4 years ago. The patient had been on Flector patches for about 4 months, prior to the review and non-certification. Although there were gastrointestinal issues that might drive the need for non-oral NSAID administration, the objective functional benefit out of the use of Flector is not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Flector patches, the ODG notes in the pain section: Not recommended as a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) not for chronic issues. The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term therapy with Diclofenac. Also, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request was appropriately non-certified, NOT medically necessary.