

Case Number:	CM15-0216786		
Date Assigned:	11/06/2015	Date of Injury:	02/01/2010
Decision Date:	12/24/2015	UR Denial Date:	10/31/2015
Priority:	Standard	Application Received:	11/03/2015

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, Illinois

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 was a 46 year old male, who sustained an industrial injury, February 1, 2010. The injured worker was undergoing treatment for right carpal tunnel syndrome, left carpal tunnel syndrome, left ulnar nerve compression, right elbow cubital tunnel syndrome and continued painful paresthesias right and left upper extremity. According to progress note of October 2, 2015, the injured worker's chief complaint was pain in the right and left wrist and hand, left worse than the right. The injured worker was having numbness and tingling of the fingers of the right and left hands, all the fingers and fingertips of the right and left hands. The injured worker stated that the worst problem was numbness of the tips of the right and left index finger due to more numbness and tingling. The injured worker complained of nocturnal paresthesias of the right and left hands. The injured worker was currently working without restrictions as a computer analyst. The physical exam noted right carpal tunnel scar and left carpal tunnel scar. The range of motion to the bilateral elbows was 80 degrees. The range of motion was decreased in the bilateral wrists. There was mild palmer pillar pain on the right and left. The Tinel's medial nerve and test was positive on the right and left wrists. The Phalen's sign was positive on the right and left. The sensory exam noted hyperesthesia of the fingertips of all the fingers on the right and left hand. The motor strength was 5 out of 5 on the left and right upper extremities. The grip strength was weaker on the left. The injured worker previously received the following treatments current medications as of October 2, 2015 were Norco, Motrin and Flexeril. According to the progress note of October 20, 2015 the injured worker's current medications were Norco, Percocet, and Tramadol 50 mg, Tramadol ER 150mg,

Cyclobenzaprine and Ibuprofen. The EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities on November 3, 2014 showed mild carpal tunnel syndrome in the bilateral upper extremities and persistent left cubital tunnel syndrome. The injured worker was status post right and left carpal tunnel release. The RFA (request for authorization) dated October 23, 2015; the following treatments were requested a new prescription for Flector Patches 1.3% #60 with 3 refills. The UR (utilization review board) denied certification on October 31, 2015; for a prescription for Flector Patches 1.3% quantity 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%, QTY: 240: Upheld

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

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 (Chronic) Flector patch (diclofenac epolamine).

Decision rationale: The injured worker sustained a work related injury on February 1, 2010. The medical records provided indicate the diagnosis of right carpal tunnel syndrome, left carpal tunnel syndrome, left ulnar nerve compression, right elbow cubital tunnel syndrome and continued painful paresthesias right and left upper extremity. Treatments have included Norco, Motrin and Flexeril. The medical records provided for review do not indicate a medical necessity for Flector patches 1.3%, QTY: 240. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Although the MTUS recommends the use of Voltaren Gel 1% (also a diclofenac containing topical analgesic as flector patch), the MTUS makes no mention of Flector patches; however, the Official Disability Guidelines does not recommend the use of flector patches as first line due to side effects. The medical records do not indicate the injured worker has failed treatment with first-line medications. The request is not medically necessary.