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| Case Number: | CM15-0217843 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 05/03/2011 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 10/26/2015 |
| Priority: | Standard | Application Received: | 11/05/2015 |

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 50 year old female, who sustained an industrial injury on 5-03-2011. The injured worker was diagnosed as having cervicalgia, other cervical disc degeneration- unspecified region, and bilateral lateral epicondylitis. Treatment to date has included chiropractic, massage, functional restoration program, physical therapy, and medications. On 10-16-2015, the injured worker complains of chronic neck pain, elbow pain, and bilateral elbow pain. She reported that her pain was getting worse. Pain was not rated. Medication use included Flector patches (since at least 8-10-2015), Lexapro, Celebrex, Tylenol, and vitamins. She reported that Flector patches improved her tolerance for using her upper extremities with less pain. A review of symptoms was positive for nausea and a medical history of fibromyalgia was noted. Exam noted "normal muscle tone without atrophy" in all extremities. Spasm and hypertonicity was noted at the cervical paraspinal and upper trapezius musculature. Exam of the bilateral elbows noted tenderness to palpation at the lateral epicondyle, pain with pronation and supination, and full range of motion. Her work status was permanent and stationary. Failed medications included Voltaren gel and Lidoderm patches. On 10-26-2015 Utilization Review non-certified a request for Flector patches 1.3% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #30: Overturned

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 rationale: The current request is for FLECTOR PATCH 1.3% #30. The RFA is dated 10/19/15. Treatment to date has included epicondylar release in 2012, chiropractic, massage, functional restoration program, physical therapy, and medications. The patient is permanent and stationary. It is unclear if she has returned to work. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pages 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents (NSAIDs) states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration" The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Per report 10/16/15, the patient presents with chronic neck pain, and bilateral elbow pain. Examination of the bilateral elbows noted tenderness to palpation at the lateral epicondyle, pain with pronation and supination, and full range of motion. The patient has tried Voltaren gel which did not provide much improvement, and she was prescribed a trial of Flector patches on 08/10/15. The treater states that the Flector patches have been helpful for her elbow pain and inflammation. It was noted that "these patches do provide pain relief, which improves her ability to use her upper extremities with less pain." The patient expressed that she would prefer to avoid any oral medications if possible. The treater has stated that the Flector patches are being utilized solely for this patient's ongoing elbow pain. Given this patient's peripheral joint complaint for which the use of topical NSAIDs are considered appropriate, and the documented benefits of this medication, continued use is supported. The request IS medically necessary.