

Case Number:	CM15-0031129		
Date Assigned:	02/24/2015	Date of Injury:	08/10/2006
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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: Family Practice

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 67 year old male, who sustained a work related injury on 8/10/06 while lifting above his head doing work as a technician on a ceiling. He has reported symptoms of neck and wrist/hand pain. Prior medical history was not provided. The diagnoses have included cervical disc disorder with myelopathy, carpal tunnel syndrome, and chronic pain syndrome. Treatments to date included medications and acupuncture. Diagnostics included a cervical x-ray revealing a disc space narrowing at C5-6 and C6-7. A wrist x-ray demonstrated mild degenerative changes of the triscaphe joint. An electromyogram/NCV showed abnormal nerve conduction and right median neuropathy at the wrist or carpal tunnel syndrome with normal left median and ulnar nerve studies. Medications included Effexor and Flector Patch. The treating physician's report (PR-2) from 1/8/15 indicated dental caries and tooth loss as well as request for a neurologist due to erectile dysfunction and depression. There was neck and right wrist pain that was rated 4/10 that was described as constant and achy. Physical exam noted decreased range of motion with tenderness to palpation and hypertonicity of the bilateral superior trapezius. A request was made for one dental evaluation, urological evaluation, and Flector patches for pain. On 2/3/15, Utilization Review non-certified a Dental evaluation ; Urology Evaluation ; Flector Patches 1.3% #30, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd Edition, Chapter 7- Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21-37, 89.

Decision rationale: The MTUS/ACOEM Guidelines comment on the general approach to the initial assessment and documentation of a patient's complaints. The general recommendations from these MTUS Guidelines indicate that there should be documentation of the patient's history and physical examination findings. A focused history and physical examination should include efforts to assess for red flags, which may be indicators for a serious underlying disease. The MTUS Guidelines state that it is the responsibility of the primary treating physician to consider the differential diagnoses for a given complaint. Referral to a specialist may be considered if the diagnosis is uncertain or extremely complex. In this case, the Primary Treating Physician's Progress Reports contain insufficient documentation as to the nature of the patient's dental problems to justify a referral for a dental evaluation. There is no information provided in the history or physical examination section and no specific diagnosis to support the need for a dental evaluation. For these reasons, a dental evaluation is not considered as medically necessary.

Urology Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM guidelines- Chapter 7- Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-37, 89.

Decision rationale: The MTUS/ACOEM Guidelines comment on the general approach to the initial assessment and documentation of a patient's complaints. The general recommendations from these MTUS Guidelines indicate that there should be documentation of the patient's history and physical examination findings. A focused history and physical examination should include efforts to assess for red flags, which may be indicators for a serious underlying disease. The MTUS Guidelines state that it is the responsibility of the primary treating physician to consider the differential diagnoses for a given complaint. Referral to a specialist may be considered if the diagnosis is uncertain or extremely complex. In this case, the Primary Treating Physician's Progress Reports contain insufficient documentation as to the nature of the patient's genital/urinary problems to justify a referral for a urology evaluation. There is no information provided in the history or physical examination section and no specific diagnosis to support the

need for a urology evaluation. For these reasons, a urology evaluation is not considered as medically necessary.

Flector Patches 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Non steroid anti-inflammatory drugs (NSAIDS). Decision based on Non-MTUS Citation Official Disability Guidelines- Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, such as Flector Patches, as a treatment modality. These guidelines state the following: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Non-steroidal anti-inflammatory agents (NSAIDs) including the Flector Patch: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is insufficient documentation to support the use of the Flector Patch. It is unclear which symptom is being targeted by the use of the Flector Patch. Further, the records suggest that it is intended as a long-term treatment for this patient's condition. Long-term use of Flector is not supported by the above cited MTUS guidelines. For these reasons, a Flector Patch is not considered as a medically necessary treatment.