

Case Number:	CM15-0031852		
Date Assigned:	02/26/2015	Date of Injury:	08/06/2009
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey

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 64 year old male, who sustained an industrial injury on August 6, 2009. He has reported neck pain and bilateral shoulder pain. The diagnoses have included neck pain, cervical facet arthropathy, cervical spondylosis, cervical spine degenerative disc disease, and anxiety. Treatment to date has included medications, medial branch block, home exercise, and physical therapy. A progress note dated November 8, 2014 indicates a chief complaint of continued neck pain and bilateral shoulder pain. Physical examination showed pain with cervical spine range of motion and tenderness to palpation of the neck and shoulder muscles. The treating physician is requesting a prescription for Flector. On February 6, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule and Official Disability Guidelines. On February 20, 2015, the injured worker submitted an application for IMR of a request for a prescription for Flector.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector DIS 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Non-steroidal antiinflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was no evidence to support the use of this medication. There was no report explaining why oral NSAIDs might not be used instead of topical NSAIDs, and the Flector patch would have been used on the neck, which is not an approved treatment area for this medication. Therefore, the Flector patch is not medically necessary.