

Case Number:	CM15-0041592		
Date Assigned:	03/11/2015	Date of Injury:	07/19/2012
Decision Date:	05/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 reported an injury on 07/19/2012. The mechanism of injury was the injured worker put her knees on a chair and the back of the chair broke, causing her to fall. The diagnosis included neuritis, lumbosacral NOS. Prior therapies included physical therapy, medications, and injections. There was a Request for Authorization submitted for review dated 01/29/2015. The documentation of 01/21/2015 revealed the injured worker's pain with medications was a 4/10 and without medications was a 7.5/10. There were no new problems or side effects. Activity level remained the same. The injured worker was noted to undergo left upper extremity nerve conduction studies, which revealed left cubital tunnel syndrome. The physical examination revealed positive Tinsel's and Phalen's, and tenderness over the ulnar side of the wrist. Sensation to pinprick was decreased over the L4, L5, and S1 dermatomes on the left side. The diagnosis included lumbar radiculopathy, low back pain, and wrist pain. The treatment plan included a continuation of gabapentin 300 mg, Naprosyn, and Flector as needed. The injured worker indicated the Flector patches reduced the pain from an 8/10 to a 4/10. The injured worker indicated she preferred to use this medication during the day versus an oral NSAID. The injured worker indicated that she was more functional with medications and worked full time as a youth instructor. The request was made for 12 sessions of acupuncture. The Request for Authorization was for Flector patches, Naprosyn, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% quantity 30 with one refill: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that 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. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had utilized the medication and preferred to use it versus the oral NSAID. However, the request as submitted failed to indicate the frequency and the body part to be treated. The injured worker noted there was an ability to work with the medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Additionally, there was a lack of documentation indicating the injured worker had osteoarthritis. Given the above, the request for Flector patch 1.3% quantity 30 with 1 refill is not medically necessary.