

Case Number:	CM15-0042096		
Date Assigned:	03/12/2015	Date of Injury:	03/14/2011
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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 51 year old female who sustained a work related injury March 14, 2011. According to a primary treating physician's progress report, dated February 12, 2015, the injured worker presented with ongoing exacerbation of neck pain and headache, rated 2/10 with medication and 10/10 without medication. Current medications include Norco, Ambien and Crestor. She reports she is unable to attend work and get out of bed, and awaiting authorization of a cervical epidural steroid injection (CESI) which provided pain relief in the past. She is finding poor relief of pain from a TENS unit, heat/ ice/ theracaine. Diagnoses included chronic neck pain sprain/strain; cervical degenerative disc disease (DDD); s/p anterior cervical discectomy and fusion (ACDF) C6-C7. Treatment plan included six sessions of physical therapy for instructions regarding home exercise program(HEP) (she completed two sessions but had to stop due to pain, continue TENS unit, pending authorization of epidural injection, and trial for Flector patches for acute pain flare.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 flector 1.3% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: The patient presents with neck pain radiating to bilateral arms, rated 2/10 with medications and 10/10 without. The request is for 30 FLECTOR 1.3% PATCHES. Physical examination to the cervical spine on 02/26/15 revealed tenderness to palpation to paravertebral and the trapezius muscles bilaterally. Patient's treatments have included physical therapy, chiropractic, TENS unit, epidural steroid injections, and a radio frequency rhizotomy followed by an anterior cervical discectomy and fusion. Per 02/12/15 progress report, patient's diagnosis includes cervical pain and disc disorder cervical. Patient's medications, per 01/08/15 progress report include Norco, Lorzone, Ambien, Crestor and Zetia. Patient is permanent and stationary. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states: Indications: Osteoarthritis and tendonitis, 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. In progress report dated 02/12/15, under Treatment Plan, it is stated, "Trial Flector patches for acute pain flare." Per progress report dated, 02/12/15, it appears the request for Flector 1.3% Patch is for an initial trial. However, there is no discussion regarding the location that is to be treated. The patient does not present with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. The request does not meet MTUS indications. Therefore, the request IS NOT medically necessary.