

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0080330 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 06/02/2013 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 04/11/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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 48 year old female, who sustained an industrial injury on 6/02/2013. Diagnoses include carpal tunnel syndrome, history of neck and back pain/probable cervical sprain/strain and lumbar sprain/strain, and bilateral shoulder sprain/strain with possible chronic tendinopathies in the shoulders. Treatment to date has included medications, diagnostics and orthopedic consultation, and she is scheduled for carpal tunnel release surgery. Per the Primary Treating Physician's Progress Report dated 3/25/2015, the injured worker reported constant pain and tingling in both her hands. She also reported chronic pain in both of her shoulders, her neck and her back. Physical examination revealed positive Phalen's and Tinel's signs in both wrists with positive Finkelstein maneuvers. There was tenderness over the sub acromion in both shoulders with positive crepitus on circumduction passively. Active range of motion was mildly limited in both shoulders. Her neck range was mildly limited. Examination of the lower back revealed some limited range with flexion 30 degrees and extension 10 degrees. The plan of care included diagnostics and medications and authorization was requested on 3/31/2015 for Flector 1.3%, Tylenol, Dexilant, additional work-up, and x-rays of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector Patch, Topical Analgesics page(s): 47, 110-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: Per the MTUS guidelines, 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In addition, as noted in ODG, Flector patch (diclofenac epolamine) is not recommended as a first-line treatment due to increased risk profile. Furthermore, Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007), and the injured worker is in the chronic phase of injury. The request for Flector 1.3% #60 is not medically necessary and appropriate.

X-rays of shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints page(s): 207.

Decision rationale: According to the MTUS guidelines, for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. In this case, the medical records do not establish red flags or attempt at conservative care to support the requested imaging study. The request for X-rays of shoulders is not medically necessary and appropriate.

X-ray of the neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 177-179.

Decision rationale: According to ACOEM guidelines, criteria for ordering special studies include: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish red flags or attempt at conservative measure to support the request for X-rays. The request for X-ray of the neck is not medically necessary and appropriate.

X-ray of the back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303.

Decision rationale: According to the MTUS lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. In this case, the medical records do not establish evidence of red flags or attempts at conservative care to support the request for lumbar X-rays. The request for X-ray of the back is not medically necessary and appropriate.