

Case Number:	CM15-0084207		
Date Assigned:	05/06/2015	Date of Injury:	05/26/2011
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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 38-year-old female, who sustained an industrial injury on May 26, 2011, incurring injuries to the right wrist. Treatment included pain medications, transcutaneous electrical stimulation unit, anti-inflammatory drugs, topical pain medications, splinting and a surgical diagnostic wrist arthroscopy. She was diagnosed with right wrist pain, disruption of scapholunate and triangular fibrocartilage. Currently, the injured worker complained of persistent right 5/20 wrist pain and hand pain with spasms in the upper extremities and numbness of the fingers. The treatment plan that was requested for authorization included prescriptions for a Flector patch and Pennsaid 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, medication for chronic pain Page(s): 111-113, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain, Topic Flector patch.

Decision rationale: The patient complains of persistent right wrist and hand pain, rated at 6-7/10, and radiating pain from right wrist to right forearm, as per progress report dated 03/17/15. The request is for Flector Patch 1.5% #30. The RFA for the case is dated 03/25/15, and the patient's date of injury is 05/26/11. Diagnoses, as per progress report dated 03/17/15, included right wrist pain, neuropathic pain, and disruption of scapholunate ligament and triangular fibrocartilage. The patient also has right elbow pain and is status post right wrist arthroscopic surgery. Medications included Norco, Flector patch, and Pennsaid. The patient is working full time, as per the same progress report. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "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). ODG Guidelines, chapter Pain and Topic Flector patch state that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. In this case, the patient was given samples of the Flector patch for trial, as per progress report dated 11/25/14. A prescription for Flector patch is then noted in progress report dated 03/17/15. The treater, however, does not document the impact of the patch on pain and function after the initial trial, as required by MTUS, page 60. Additionally, there is no diagnosis of osteoarthritis for which the patch is indicated. Hence, the request is not medically necessary.

Pennsaid 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The 38-year-old patient complains of persistent right wrist and hand pain, rated at 6-7/10, and radiating pain from right wrist to right forearm, as per progress report dated 03/17/15. The request is for PENNSAID 2%. The RFA for the case is dated 03/25/15, and the patient's date of injury is 05/26/11. Diagnoses, as per progress report dated 03/17/15, included right wrist pain, neuropathic pain, and disruption of scapholunate ligament and triangular fibrocartilage. The patient also has right elbow pain and is status post right wrist arthroscopic surgery. Medications included Norco, Flector patch, and Pennsaid. The patient is working full time, as per the same progress report. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): 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." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states "There is little

evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In this case, a prescription for Pennsaid is only noted in progress report dated 03/17/15. The patient does suffer from pain in peripheral joints including right wrist, right hand and right elbow. However, there is no diagnoses of osteoarthritis for which topical NSAIDs are indicated. Hence, the request is not medically necessary.