

Case Number:	CM15-0085466		
Date Assigned:	05/08/2015	Date of Injury:	08/13/2003
Decision Date:	06/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 56 year old male, who sustained an industrial injury on 08/13/2003. On provider visit dated 03/31/2015 the injured worker has reported left upper extremity/hand pain secondary to reflex sympathetic dystrophy. On examination the trapezius muscle on left side revealed tenderness, hypertonicity and trigger point on deep palpation. The diagnoses have included dystrophy- reflex sympathy upper limb and chronic pain syndrome. Treatment to date has included triangular fibrocartilage complex repair on 12/16/2003, and de Quervain's tenosynovitis decompression on 08/31/2004 on left wrist and per documentation following the surgery the injured worker developed complex regional pain syndrome in left upper extremity. Other treatment included home exercise program, splints, pain medication, topical analgesic cream and Flector patch. The provider requested Flector 1.3% patch #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60 with 3 refills QTY: 240.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% #60 with three refills (#240) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are chronic pain; dystrophy reflex sympathetic upper extremity; chronic pain syndrome; and long-term use of medications NEC. Subjectively, according to a progress note dated April 7, 2015, there are no specific complaints noted. The provider placed the review of systems section in the subjective section. Additional topical medications include Capsaicin, Triamcinolone, Pennsaid and Flector patch. There is no objective section or physical examination in medical record. Flector was prescribed as far back as April 24, 2014. Flector patch is indicated for acute sprains, strains and contusions. The injured worker is in the chronic phase of the injury recovery. There is no documentation of an acute sprain, strain or contusion. The documentation does not contain evidence of objective functional improvement with ongoing Flector patch. Additionally, there is no clinical indication for three refills (#240 patches). Consequently, absent clinical documentation of an acute sprain, strain or contusion, Flector patch 1.3% #60 with three refills (#240) is not medically necessary.