

Case Number:	CM14-0115956		
Date Assigned:	08/04/2014	Date of Injury:	02/04/2010
Decision Date:	10/14/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male, who has submitted a claim for degenerative disc disease and cervical radiculopathy associated with an industrial injury date of February 4, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the arms, hand and neck characterized as constant, intermittent and throbbing. Physical examination showed that the patient can ambulate without assistance and rise from a seated position without difficulty. Gait was not antalgic. MRI of the Cervical Spine done on March 26, 2014 showed mild to moderate spinal stenosis and moderate bilateral foraminal narrowing at C3-C4 secondary to trace retrolisthesis and 3mm central disc osteophyte complex. There is mild spinal stenosis and moderate bilateral foraminal narrowing at C4-C5. Previous discectomy with fusion at C5-6 was noted. Treatment to date has included Lyrica, Omeprazole, Senna, Norco, acupuncture and Flector patch. Utilization review from June 27, 2014 denied the request for Flector patch 1-2 patches QD #60 because the request is not reasonable as there is no documentation that there has been failure of first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1-2 patches QD #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111, 112, 113. Decision based on Non-MTUS Citation ODG Pain; flector patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Analgesics Page(s): 46, 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment 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. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. In this case, the patient has been on Flector Patch since March 2014. Progress notes reviewed did not show functional improvement on the patient despite its use. Likewise, long-term use was not recommended. In addition, there was no documentation that the patient has an increased risk with oral NSAIDs. Therefore, the request for Flector patch 1-2 patches QD #60 is not medically necessary.