

Case Number:	CM14-0141309		
Date Assigned:	09/10/2014	Date of Injury:	10/19/2012
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in California. 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 injured worker is a 60-year-old female who reported an injury on 10/19/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 07/31/2014, is hand written and difficult to decipher. It appeared to indicate a diagnosis of status post left shoulder scope dated 01/30/2014, stress and anxiety due to increased gastrointestinal upset, neck sprain, brachial neuritis or radiculitis, and displacement of cervical intervertebral disc without myelopathy. The injured worker reported shoulder pain had improved; however, the injured worker reported difficulty reaching up. Physical examination of the cervical spine noted there was tenderness to palpation of the trapezii and dispositive axial compression. The examination of the left shoulder revealed tenderness to palpation of the SA and AC joint with decreased range of motion. The injured worker's treatment plan included proceeding with additional postop physical therapy and proceeding with followup. The injured worker's prior treatments include diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included the Flector patch. The provider submitted a request for the Flector patch. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3% #60: Upheld

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

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

Decision rationale: The request for Flector Patches 1.3% #60 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or 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. The guidelines indicate that 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. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that are amenable to topical treatment. They are recommended for short term use of 4-12 weeks. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated how long the injured worker had been utilizing the Flector patch. Moreover, there is lack of documentation of efficacy and functional improvement with the use of the Flector patch. Furthermore, the request does not indicate a frequency for the Flector patch. Therefore, the request for Flector Patches 1.3% #60 is not medically necessary.