

Case Number:	CM14-0144983		
Date Assigned:	09/22/2014	Date of Injury:	03/07/2007
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 and 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 53-year-old female who reported an injury on 03/07/2007, caused by an unspecified mechanism. The injured worker's treatment history included medications, topical ointments, Flector patches, MRI studies, and EMG/NCV studies. The injured worker was evaluated on 08/06/2014, and it was documented the injured worker complained of neck, low back, bilateral shoulder, and bilateral knee pain, as well as headaches. She continued to find Flector patches helpful for pain relief. Physical examination revealed the cervical spine there was spasm in the paraspinous and trapezii as well as the rhomboids bilaterally. Her sensation was intact, but decreased over the right upper extremity. There was a positive Spurling's sign on the right. There was tenderness and decreased range of motion in all planes. There was diffuse tenderness over each shoulder and decreased range of motion in both shoulders in all direction. Medications included Ultracet, omeprazole, prednisone, and compound topical medications. Diagnoses included pain, possible lumbar radiculitis, lumbar disc bulge, myofascial pain, chronic pain syndrome, bilateral shoulder pain, bilateral knee pain, neck pain, cervical degenerative disc disease, cervical discogenic pain, possible cervical radiculitis, and cervical facet pain. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%, QTY: 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 FLECTOR PATCHES TOPICAL ANALGESICS, TOPICAL NSAIDS Page(s): 111.

Decision rationale: The request for Flector Patch is not medically necessary. California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.....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 can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The request that was submitted failed to include duration and location where Flector patches are supposed to be used for the injured worker. As such, the request for Flector patches 1.3%, QTY: 60 is not medically necessary.