

Case Number:	CM14-0163724		
Date Assigned:	10/08/2014	Date of Injury:	09/07/2012
Decision Date:	11/03/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/06/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 54 year old female with date of injury of 9/7/2012. A review of the medical records indicates that the patient is undergoing treatment for cervical stenosis, herniation and radiculopathy. Subjective complaints include neck and left arm pain. Objective findings include a non-antalgic gait; pain in her neck upon movement of the cervical spine; tenderness of the paravertebrals; deltoid strength 4/5 on the right side; left arm has reduced range of motion and pain upon palpation of the rotator cuff. Treatment has included Norco and Nabumetone. The utilization review dated 10/6/2014 non-certified a Flector patch 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flector patch 1.3%, qty 60 (DOS: 9/22/14): 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): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of

antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." A Flector patch is composed of NSAIDs. MTUS states regarding topical NSAIDs, "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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The employee is having pain with radiculopathy in the cervical spine, which is very different than osteoarthritis in the knee or elbow for which the guidelines recommend a Flector patch as treatment. Therefore, a Flector patch is not medically necessary.