

Case Number:	CM14-0166213		
Date Assigned:	10/13/2014	Date of Injury:	11/12/2007
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/08/2014

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 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:

This is a 66-year-old male with an 11/12/07 date of injury. The mechanism of injury occurred when he tripped over a parking curb bumper, fell onto his left side, hitting the upper part of his left arm and his left elbow. According to a progress report dated 8/19/14, this patient stated that he has had a "heck of a time" with his gall bladder and emergency surgery, but is back to near normal for him. Objective findings: left shoulder deformity, full range of motion of left shoulder, left upper extremity, wrist, and grip strength is 5/5 and abduction of the small finger is 5/5, but adduction is 4/5. Diagnostic impression: chronic pain, neuropathic pain, rheumatoid arthritis, ulnar neuropathy, left shoulder pain. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 9/24/14 denied the request for Flector patch. There is no documentation in the clinical record that this worker has joint osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30 x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment index 12 edition (WEB) 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Flector Patch X Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch)

Decision rationale: MTUS states 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. 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. However, in the present case, there is no documentation that this patient has a diagnosis of osteoarthritis. There is no documentation that the patient has had a trial and failed first-line oral NSAIDs. In addition, there is no documentation that the patient is unable to tolerate oral medications; in fact, he is currently taking other oral medications. Furthermore, it is noted that the patient is using this medication for a chronic condition; guidelines only support its use for acute strains, sprains, and contusions. Therefore, the request for Flector patch 1.3% #30 x12 is not medically necessary.