

Case Number:	CM14-0169047		
Date Assigned:	10/17/2014	Date of Injury:	11/05/2012
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 American Board Family Practice 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:

This is a 50-year-old female claimant who sustained a cumulative work injury from October 89 to November 2012 involving the neck, low back, shoulders and right knee. She was diagnosed with cervical strain, lumbar strain, bilateral shoulder strain and right knee osteoarthritis. A progress note 7/9/14 2014 the indicated claimant had continued pain in the above areas. Exam findings were notable for crepitus in the right shoulder with reduced range of motion, right knee joint line tenderness with reduced range of motion and pain in the lumbar spine with reduced range of motion. The claimant was treated with topical Flector patches. In September 2014 the claimant had similar exam findings and was continued on Flector.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for pharmacy purchase of Flector Patch 1.3% #60 for date of service (DOS)7/10/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal (GI) symptoms and Cardiovascular Risk; &.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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 this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The Flector patch for the date above is not medically necessary.