

Case Number:	CM14-0180075		
Date Assigned:	11/04/2014	Date of Injury:	08/13/2010
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 Georgia. 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 patient is a 55-year old male presenting with a work related injury on 08/13/2010. The patient complained of cervical spine pain that was 8/10 that is sharp, dull, burn that is constant. The patient also complained of bilateral wrist 8/10 sharp, dull constant pain radiating to the right pinky. The pain is associated with numbness, tingling, weakness on bilateral hands. The physical exam was significant for limited range of motion. MRI of the lumbar spine showed spondylotic changes and endplate sclerotic changes; L2-3: 1-2 mm posterior disc bulge; L3-4: 2mm broad-based posterior disc protrusion, mild canal stenosis, and facet joint hypertrophy; L4-5: 2mm broad-based posterior disc protrusion resulting in moderate canal stenosis, facet joint hypertrophy; L5-S1 3-4 mm broad-based posterior disc protrusion without evidence of canal stenosis. The patient was diagnosed with cervical spine herniated disc, lumbar spine herniated disc, spinal stenosis, right carpal tunnel syndrome, annular tear and shoulder osteoarthritis. A claim was placed for Flector 1.3% Patch #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3 % Patch #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): 111-112.

Decision rationale: Flector 1.3 % Patch #60 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Flector 1.3% Patch, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.