

Case Number:	CM14-0182840		
Date Assigned:	11/07/2014	Date of Injury:	04/25/2008
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal 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 (IW) is a 57-year-old woman with a date of injury of April 25, 2008. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated September 23, 2014, the IW states that chiropractic massage treatments were beneficial. The IW noted that after each session, there were no headaches radiating from the neck for two to three days. The IW complains of 4th and 5th digit numbness on the right, and occasional tingling into the 3rd digit. Pain was rated 6-7/10. The IW managed to function better in terms of activities of daily living (ADLs), after the chiropractic treatments. On examination, there were notable spasms of the right upper trapezius muscles. Left rotation was 80% of normal, right rotation was normal with pain, and extension was 10% of normal with pain. Spurling's test was positive on the right. Current medications include Celebrex 200mg, Prilosec 20mg, Cymbalta 30mg, Flector 1.3% patch, and Tylenol #3. The IW was diagnosed with right upper extremity pain and weakness, right C6 radiculopathy, right ulnar mononeuropathy, and right lateral epicondylitis with persistent right elbow contracture due to industrial injury. Plan recommendations include additional chiropractic treatments, trial ThermoCare for the neck X 10 refills, continue medications, and return to clinic in 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3 Percent Patches #2 Boxes Refills 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Updated 10/2/14 Flector Patch (Diclofenac Epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Flector 1.3% patches Q 12 H #2 boxes refill times one is not medically necessary. Topical analgesics are largely experimental and use with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac (Flector) is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker has complaints of neck pain and headache. There was numbness of the fourth and fifth digit on the right and occasional tingling on the third digit. Additional diagnoses were cervical displacement or herniated disc and cervical radiculopathy. Topical diclofenac (Flector) is indicated for relief of osteoarthritis in a joint that lends itself to topical treatment and it has not been evaluated for treatment of the spine. The treatment appears to be to the cervical spine, however the request does not specify the exact location with which the topical analgesic is to be applied. Additionally, there was no documentation of a first line of therapy failure using antidepressants and AED like gabapentin. Consequently, Flector 1.3% patches to 12 H #2 boxes refills times one is not medically necessary.