

Case Number:	CM14-0074607		
Date Assigned:	07/16/2014	Date of Injury:	03/30/2000
Decision Date:	05/27/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 49 year old female, who sustained an industrial injury on 3/30/00. The injured worker has complaints of low back pain and neck pain. The diagnoses have included sprains and strains of neck and sprain/strain lumbar region. Treatment to date has included flector patches; transcutaneous electrical nerve stimulation unit; massage; ultrasound; acupuncture; physical therapy and chiropractic treatment. The request was for flector 1.3% #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector 1.3% #60 for 3 months is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are sprains and strains of neck; sprain/strain lumbar region. Flector is indicated for acute sprains, strains and contusions. The date of injury is March 30, 2000. The injured worker is in the chronic phase (15 years after the date of injury) of the injury. There is no documentation of acute sprains, strains or contusions. The utilization review states the injured worker has been on the Flector patch since June 2012. There is no documented objective functional improvement with ongoing Flector patches. There were no G.I. complaints documented in the body of the progress notes. There is no dyspepsia, no G.I. bleeding or heartburn. An appeals letter submitted by the treating provider states there is dyspepsia and treatment failures with Motrin, Celebrex and Naproxen. Consequently, absent clinical documentation with objective functional improvement and an appropriate clinical indication for Flector patch, Flector 1.3% #60 for 3 months is not medically necessary.