MAXIMUS Federal Services

Case Number:	CM15-0121747		
Date Assigned:	07/02/2015	Date of Injury:	11/23/2010
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on November 23, 2010, incurring neck and right shoulder injuries. Cervical Magnetic Resonance Imaging revealed multilevel disc disease and foraminal stenosis. She was diagnosed with cervical disc disease and internal derangement of the shoulder. Treatment included anti-inflammatory drugs, pain medications, topical analgesic patches, physical therapy, and acupuncture, trigger point injections, home exercise program, muscle relaxants, Electromyography studies and work restrictions and modifications. She underwent a right shoulder rotator cuff repair. Currently, the injured worker complained of worsening shoulder pain, neck pain, low back pain and left knee pain. She complained of pain, numbness and tingling of the left upper extremity. The treatment plan that was requested for authorization included a prescription for Flector transdermal patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12-hour patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, under Flector patches.

Decision rationale: This claimant was injured in 2010, incurring neck and right shoulder injuries. Cervical Magnetic Resonance Imaging revealed multilevel disc disease and foraminal stenosis. She was diagnosed with cervical disc disease and internal derangement of the shoulder. Treatment included anti-inflammatory drugs, pain medications, topical analgesic patches, physical therapy, and acupuncture, trigger point injections, home exercise program, muscle relaxants, Electromyography studies and work restrictions and modifications. She underwent a right shoulder rotator cuff repair. There is worsening shoulder pain, neck pain, low back pain and left knee pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Flector patches, the ODG notes in the pain section: Not recommended as a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007), not for chronic issues. The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term therapy with diclofenac. Also, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request is not medically necessary.