

Case Number:	CM15-0125170		
Date Assigned:	07/09/2015	Date of Injury:	06/23/2012
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63 year old female, who sustained an industrial injury on June 23, 2012. She reported an injury to her head, neck, upper back, mid back, left shoulder, left arm, left elbow and left wrist. Treatment to date has included MRI of the cervical spine, MRI of the head, EMG of the bilateral upper extremities, physical therapy, chiropractic therapy, acupuncture, cervical epidural steroid injection, NSAIDs, and topical pain patches. Currently, the injured worker complains of pain in the head, neck, upper back, mid back, left shoulder, left arm, left elbow, left wrist and left hand. She notes that the pain is associated with numbness and tingling in the left arm and hand. She describes the pain as sharp, cutting, throbbing, aching, burning and with a pins and needles sensation. She has abnormal swelling. She rates the pain 8 on a 10-point scale. The pain is aggravated with prolonged standing, sitting and walking, with reaching, overhead activities, gripping, grasping and type. She reports that the pain is relieved with heat/ice therapy. She reports that her symptoms have remained unchanged since the injury and that she has functional limitations. She avoids exercise, performing household chores and participating in recreation due to her pain. On physical examination, the injured worker has tenderness to palpation over the cervical spine, subacromial bursa, and left trapezius muscles. Her cervical range of motion is limited. She has positive Hawkins' test and Yergason's test. The documentation reveals the injured worker has a burning sensation in her stomach when using NSAIDs. The diagnoses associated with the request include cervical spondylosis without myelopathy, neck pain, chronic pain syndrome and syndrome cervicobrachial. The treatment plan includes psychology consultation and continuation of Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (chronic) Flector patch (Diclofenac epolamine).

Decision rationale: Flector 1.3% patch #30 with 1 refill is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non steroidal anti-inflammatory (NSAID) Diclofenac, which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The ODG states that Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. The documentation indicates that the patient has chronic pain. This medication is not indicated for chronic pain and there are not extenuating factors necessitating its use. Additionally, Diclofenac is not indicated for the spine and the documentation indicates that the patient has cervical spine pain. Furthermore, this medication has been used dating back to at least January of 2015 and the MTUS does not support topical NSAIDs longer than 12 weeks. For all of these reasons the request for Flector Patch is not medically necessary.