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| Case Number: | CM15-0170531 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 04/21/2013 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on 04-21-2013. The injured worker is currently temporarily totally disabled. Current diagnoses include chronic pain syndrome, spinal enthesopathy, neck pain, fasciitis, cervical radiculopathy, lower back pain, sciatica, and lumbar-thoracic radiculopathy. Treatment and diagnostics to date has included percutaneous electrical nerve stimulation, physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and other medications. Current medications include Fluoxetine and Lyrica. In a progress note dated 08-14-2015, the injured worker reported pain in her arms, elbows, wrists, lower back, and left ankle rated 8 out of 10 with medications. It is noted that the injured worker has failed multiple conservative therapies but noted significant benefit from percutaneous peripheral nerve stimulation and has since been able to utilize her upper extremities more and perform light exercise. Objective findings included cervical and lumbar spine tenderness. The Utilization Review with a decision date of 08-27-2015 non-certified the request for Flector patch (on 12 hours, off 12 hours).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch on 12 hours off 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary Online Version updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant had been on oral NSAIDS. Topical NSAIDS can reach systemic levels similar to oral NSAIDS and there is no indication for the overlap for the claimant. There is limited evidence to support long-term use of Flector for back pain. The Flector patch is not medically necessary.