

Case Number:	CM15-0171189		
Date Assigned:	09/11/2015	Date of Injury:	01/02/2011
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
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 43 year old female, who sustained an industrial injury on 1-2-11. The injured worker was diagnosed as having sprain of unspecified site of shoulder and upper arm, contusion of knee, cervical spondylosis, lumbar spondylosis, lumbar sprain-strain and cervical sprain and strain. Treatment to date has included home exercise program, oral medications including Gabapentin 300mg and Skelaxin 800mg; topical Flector patches. On 6-20-15 she notes she has fallen twice since previous visit, using a cane for ambulation and is scheduled to have gastric bypass. She rated the pain on 6-20-15 as 8 out of 10. On 8-10-15, the injured worker reports frequent falls, no pain meds for 6 days and worsening pain in upper shoulder and front of knee. She rates the pain 8 out of 10 on 8-10-15, and notes constant pain in left shoulder is worse since her fall, left knee pain is tingling, burning and pressure sensation and worsened with walking, standing and twisting and relieved with rest. Physical exam performed on 6-20-15 was unremarkable and physical exam on 8-10-15 revealed tenderness over left paraspinal muscles in the neck and left trapezius with increased tone and slight swelling, pain with active range of motion of left shoulder and exam of left knee revealed swelling anteriorly and she is unable to fully extend it; ambulation is with an antalgic gait. On 8-10-15 a request for authorization was submitted for Gabapentin 300mg #90, Flector patch #60 and Skelaxin 800mg. On 8-17-15, utilization review non-certified a request for Flector patch noting guidelines do not recommend this topical anti-inflammatory gel and there is insufficient documentation of intolerance to similar medications taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 has been prescribed a Flector for several months. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified during recent visits. The Flector patch is not medically necessary.