

Case Number:	CM15-0175128		
Date Assigned:	09/16/2015	Date of Injury:	03/18/2009
Decision Date:	10/20/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 34 year old female who sustained an industrial injury on 3-18-2009. A review of medical records indicate the injured worker is being treated for right elbow cubital tunnel syndrome, mild right carpal tunnel syndrome, left carpal tunnel syndrome, presently resolved, history of left ring and little finger stenosing tenosynovitis, trigger finger presently resolved, and sprain strain of the bilateral wrists. Medical records dated 7-9-2015 noted pain and swelling of her right wrist-hand with swelling and very minimal pain with no numbness of her left wrist-hand. She rates her pain a 7 out of 10. Her left hand and wrist did not hurt. Progress report dated 1-8-2015 noted right hand pain a 5-6 out of 10 and the left hand a 3-4 out of 10. Physical examination noted 7-9-2015 noted tenderness over the right wrist region, particularly about her right carpal tunnel. Right wrist revealed decreased range of motion. There was increased right wrist pain reported upon extremes of flexion about the right wrist. Tenderness was also noted over the cubital tunnel about her right elbow. Tinel's was positive on the right wrist. Tinel's sign was positive at the right cubital tunnel. Treatment has included a home exercise program and Flector patches since at least 1-8-2015. The Utilization review form is a non-certified Flector Patch 1.5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.5% patch, Qty 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Flector (diclofenac epolamine).

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

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flector patch in this injured worker, the records do not provide clinical evidence to support medical necessity and therefore is not medically necessary.