MAXIMUS Federal Services

Case Number:	CM15-0071743		
Date Assigned:	04/21/2015	Date of Injury:	03/18/2013
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/15/2015

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 51 year old female who sustained a work related injury March 18, 2013. An MRI of the right elbow, without contrast, dated February 3, 2015, revealed a motion limited study with evidence of mild tendinosis involving the common extensor tendon with no definite tearing (report present in medical record). According to a primary treating physician's progress report, dated February 13, 2015, the injured worker presented with complaints of ongoing swelling and pain within her forearm, elbow, and occasionally her wrist. She has difficulty with radial and ulnar palmar discomfort when she uses her mouse. Current treatment included alternating Lidoderm and Flector patches and using a TENS unit at home, which she finds not as effective as an H-wave unit. Physical examination revealed a well healed surgical scar and tenderness about the area of the lateral epicondyle and slightly distal to this along the extensor forearm musculature. There is tenderness through the dorsal aspect of the wrist. Impression is documented as ongoing right lateral epicondylar symptoms and persistent discomfort following lateral epicondylar release and debridement and radial tunnel decompression. Treatment plan included a prescription for lidocaine and Flector patches to be used interchangeably, an H-wave unit, and increase the amount of time she is working each day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal creams: Flector patch 1.3% #30 (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. The 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 over 6 months and topical analgesics for over a year. The claimant did not have arthritis. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.