

Case Number:	CM15-0091010		
Date Assigned:	05/15/2015	Date of Injury:	06/28/2010
Decision Date:	06/19/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-year-old female with a June 28, 2010 date of injury. A progress note dated March 6, 2015 documents subjective findings (neck pain; tightness of the bilateral shoulders and upper back; pain rated at a level of 4/10 at best, and 10/10 at worst; pain currently rated at a level of 7/10), objective findings (palpable twitch positive trigger points are noted in the muscles of the head and neck; decreased range of motion of the cervical spine; pain with range of motion; palpable twitch positive trigger points are noted in the thoracic paraspinal muscles, right scapula; decreased motor strength of the left bicep and hand; hyperalgesia of the left hand and forearm; wasting of muscle mass of the left upper arm; left palm moist and fingers pale and cold along the thumb and first finger; thenar wasting of the left hand; pain distribution along the C6 dermatome on the left side; fourth and fifth fingers curled in spasm and very painful to touch; pain along the palmar surface of the left hand; spasm of the right shoulder and upper back), and current diagnoses (carpal tunnel syndrome; fibromyalgia/myositis; chronic regional pain syndrome; tenosynovitis of the wrist; other pain disorder related to psychological factors). Treatments to date have included trigger point injections, medications, wrist and elbow bracing, physical therapy, occupational therapy, home exercise, cortisone injections, left carpal tunnel release, imaging studies, and diagnostic testing. The medical record identifies that medications work most of the time. The treating physician documented a plan of care that included Norco, Prozac, Topamax, and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Transdermal Patches #60 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 22.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this 2010 injury. There is no documented functional benefit from treatment already rendered. The Flector Transdermal Patches #60 with 1 Refill is not medically necessary and appropriate.