

Case Number:	CM15-0091666		
Date Assigned:	05/18/2015	Date of Injury:	07/08/2011
Decision Date:	07/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/12/2015

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, Pain Management

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 62 year old female, who sustained an industrial injury on 7/8/2011. She reported injury while making adjustments to the bus settings. The injured worker was diagnosed as having cervical sprain/strain, right shoulder joint sprain, mild bilateral carpal tunnel syndrome, thumb sprain/strain and osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises, wrist brace and medication management. In a progress note dated 1/14/2015, the injured worker complains of neck pain, bilateral shoulder pain and left wrist/digit pain. The treating physician is requesting Flector patch 1.3% #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory agents (NSAIDs) page(s): 111-112.

Decision rationale: Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated for short-term treatment (4-12 weeks) of "osteoarthritis and tendinitis" in joints amenable to treatment such as the elbow, knees, but not of the "spine, hip or shoulder." More recommendations that are specific are found in the ODG which state Flector patches are not recommended as a first-line treatment. These guidelines additionally state that Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the diclofenac is for short-term use, as recommended by guidelines. In the absence of such documentation, this request is not medically necessary.