

Case Number:	CM14-0146302		
Date Assigned:	09/12/2014	Date of Injury:	09/01/2008
Decision Date:	10/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old female who had reported date of injury of 09/01/08. Mechanism of injury was from cumulative trauma from repetitive keyboard and mouse use. MRI dated 01/08/11 with contrast showed post-surgical changes C5-6 through C7, mild left sided predominate C4-5 central disc central stenosis, C7-T1 small focal central disc protrusion but without significant central canal stenosis. Mild to moderate bilateral C7 through T1 neural foraminal narrowing due to disc osteophyte complex and facet hypertrophy. EMG bilateral extremities dated 12/21/10 were normal. Surgeries 2009c56 C6-7 ACDF with right C5-6 and C6-7 foraminotomies. Prior conservative treatment consisted of physical therapy, chiropractic, acupuncture, Advil, Norflex, cervical pillow, band IT, wrist support, Gabapentin, Motrin, Tizanidine, trigger point injections. Prior utilization review on 09/05/14 modified Flector patch to #60 for 30 day trial. MRI of 06/04/14 of cervical spine revealed no significant bony overgrowth, abnormal post-operative epidural fibrosis or significant lateral recess or neural foraminal encroachment was identified at either level. There was broad based central disc protrusion with mild caudal extension at disc material at C4-5 enhancing prominently with gadolinium. The findings were compatible with granulation tissue of the level of previous annular tear. Disc protrusion at C4-5 abutted and minimally impressed upon the anterior aspect of cord without significantly deviating the cord. There was small central disc protrusion compatible with central annular tear at C2-3, three C3-4, and C7-T1. No large disc herniations or trans-ligamentous disc extrusion was identified. The most recent clinical documentation submitted for review was dated 08/26/14 the injured worker complained of neck pain. Pain radiated to right shoulder rated 8/10. Complained of right upper extremity weakness, numbness. Neck had spasm and stiffness. Aggravating factors neck rotation both sides, pulling objects, pushing objects prolonged upright positions. Alleviating factors medication, stretching, and rest.

Previous treatment included physical therapy with significant improvement. Anti-inflammatory medications including Advil, Flector patch with moderate improvement. Her pain was progressively worsening. The injured worker felt that working 40 hours per week was becoming an issue. The injured worker noted it was difficult to get through her work day with neck pain she was experiencing. The injured worker worked at a desk she had not had an updated ergonomic evaluation of her workspace. The injured worker lied down frequently throughout the day and she strongly felt she could not continue to work 40 hours per week. Physical examination general appearance, healthy appearing, well nourished, well developed. Level of distress, no acute distress. Mental status, normal mood and affect and awake, alert. Orientation oriented two times three. Gait was normal. Posture lumbar spine normal. Diagnosis cervical, post-laminectomy syndrome. Chronic pain syndrome. Current request was for Flector .131.3% transdermal patch amount not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Transdermal Patch: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector patch

Decision rationale: The request for Flector 1.3% transdermal patch is not medically necessary. Topical Diclofenac was recommended for osteoarthritis after failure of or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac and including topical formulation formulations. Flector patch was FDA indicated for acute strains, sprains, and contusions. The efficacy and clinical trials for topical NSAIDs was inconsistent and most of his are small and of short duration. Prior utilization review modified the request for 30 day trial. There was no clinical documentation that she has improved with Flector patch. Therefore medical necessity has not been established.