

Case Number:	CM14-0149014		
Date Assigned:	09/18/2014	Date of Injury:	03/16/2011
Decision Date:	10/20/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Alabama. 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 patient is a 52 year old female who was injured on 03/16/2011. The mechanism of injury is unknown. Prior treatment history has included Lidoderm 5% patch, Norco 5/325 mg, Cetirizine and Flector 1.3%. She has been treated conservatively with 2/12 sessions of physical therapy, 4 acupuncture sessions which reduced pain by 50% and cervical facet blocks. Visit note dated 08/29/2014 states the patient presented with complaints of right shoulder pain. Objective findings on exam revealed restricted range of motion of the cervical spine. Spurling's maneuver causes pain in the muscles of the neck. There is positive right cervical facet loading pain. The right shoulder revealed limited flexion to 140 degrees; abduction is limited to 150 degrees and external rotation on limited to 50 degrees. Hawkins test is positive as well as lift off test. Motor exam is 5/5 in all planes except external rotation. The patient is diagnosed with shoulder pain, cervical pain, and cervical facet syndrome. The patient was instructed to continue Flector patch 1.3% as a topical anti-inflammatory to address acute inflammation and pain as it is very helpful to the patient. Prior utilization review dated 09/05/2014 states the request for Flector 1.3% Patch is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% Patch: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Online

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch, current online as of 10/2014

Decision rationale: The above ODG guidelines regarding Flector patch states "Not recommended as a first-line treatment... recommended for osteoarthritis after failure of an oral NSAID or contraindication to oral NSAIDs 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... there is no data that substantiate Flector efficacy beyond two weeks." In this case, patient was started on Flector patch on 2/7/14 (per note), and appears to be on a much longer period of Flector patch than the suggested 2 weeks. In addition, neither notes from 2/7/14 nor 8/29/14 mention any failure or contraindication to oral NSAID. Finally, there is no documentation of acute time frame regarding possible strains, sprains, contusions. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.