

Case Number:	CM13-0041167		
Date Assigned:	12/20/2013	Date of Injury:	07/17/2009
Decision Date:	03/20/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 physician 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 55-year-old female who reported an injury on 7/17/09. The mechanism of injury was not provided in the medical records. The patient is diagnosed with left shoulder joint pain and displacement of cervical intervertebral disc without myelopathy. Her medications are noted to include Hydrocodone/acetaminophen 5/500mg every four hours as needed, Omeprazole 20mg twice a day, Synthroid 170mcg daily, and Trazodone 50mg at bedtime as needed. It was also noted that the patient utilizes over the counter naproxen as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Flector patches 1.3%: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

Decision rationale: According to the Official Disability Guidelines, Flector patches are not recommended as a first line treatment. The guidelines further state that topical Diclofenac is recommended for osteoarthritis with documentation of failure of an oral NSAID or contraindication to an oral NSAID. The clinical information submitted for review failed to

indicate whether the patient has a diagnosis or findings consistent with osteoarthritis. Additionally, the most recent note provided, dated 12/12/13, indicates that the patient is utilizing oral NSAIDs as needed. As the guidelines indicate that topical Diclofenac has an increased risk profile and the patient is utilizing oral NSAIDs as needed, the request for Flector patches is not supported. As such, the request is non-certified.