

<b>Case Number:</b>	CM13-0054241		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/11/2006
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Occupational 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 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 applicant has filed a claim for chronic shoulder pain associated with an industrial injury of August 11, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior shoulder surgery in 2007 and 2008; and unspecified amounts of chiropractic manipulative therapy, physical therapy, and massage therapy. On October 9, 2013, the applicant reports ongoing back and shoulder pain. She is frustrated. Motrin is beneficial. The applicant is working. The applicant is neurologically intact. Flector patches, massage therapy, Motrin, and regular work are endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy (8 sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be considered an adjunct to other recommended treatments

such as exercises and should be limited to four to six visits in most cases. In this case, the applicant has already had prior unspecified amounts of massage therapy over the life of the claim. The request for additional massage therapy treatment, it is further noted, is in excess of the MTUS parameters. Therefore, the request for additional massage therapy is not certified.

**A three-month trial of Flector patches:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren gel (diclofenac) Page(s): 112.

**Decision rationale:** Flector is a derivative of topical Voltaren. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the relief of arthritis pain in small joints which lend themselves toward topical treatment, such as ankle, elbow, foot, hand, knee, and wrist. Voltaren has not been evaluated in the treatment of the spine, hip, and/or shoulder, the MTUS further notes. In this case, however, the applicant has apparently tried and failed other agents, including Motrin, manipulation, massage, Lidoderm patches, etc. A trial of Flector may therefore be indicated, given the failure of first line treatments. The request is certified, on independent medical review.