

Case Number:	CM13-0059951		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2012
Decision Date:	06/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 47 year old female who reported an injury on 01/07/2012 of unknown mechanism. In the clinical note dated 11/12/2013, the injured worker complained of right upper extremity pain that had been going on for several days. She rated her pain as 3-5/10. The injured worker's medication regimen included Norco 5/325mg, Effexor 150mg, and Naproxen 550mg. She stated that she tried heat, stretching and Naproxen with no benefits. The treating physician did not want to increase the pain medication. The prescription for Norco was used as needed for severe pain. In the physical exam it was documented that there were severe spasms to the right trapezius muscle and shoulder blade. There was limited range of motion due to pain. The treatment plan included a request for trial of Flector Patch 1 every day #30 and to start cognitive behavioral therapy (CBT). The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH TRIAL #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain (updated 11/14/13).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The request for Flector Patch trial #30 is not medically necessary. The California MTUS guidelines state that Flector (diclofenac epolamine) patch is not recommended as a first line of treatment. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Flector is recommended for short-term use only if the use an oral non-steroidal anti-inflammatory drug (NSAID) has failed. It has not been evaluated for the treatment of the spine, hip, or shoulder. The injured worker was noted to be taking Naproxen in the clinical notes, however; it was not documented for how long and how often. The request also exceeds the recommended length of time. Additionally, the guidelines note there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the shoulder; the medication was requested for use on the shoulder. Therefore, the request for Flector Patch #30 is not medically necessary.