

<b>Case Number:</b>	CM13-0065541		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Family Practice and is licensed to practice in Texas. 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 39-year-old female who reported an injury on 09/13/2011. The mechanism of injury was not provided in the medical records. The patient is diagnosed with left shoulder pain and status post left shoulder diagnostic and operative arthroscopy on 02/17/2012. The patient's symptoms were noted to include left shoulder and left upper extremity pain. Her physical exam findings include forward flexion and abduction to 150 degrees, and motor strength 4/5 in all planes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines further state that topical NSAIDs have been shown to be effective for short periods in the treatment of osteoarthritis pain and joints such as the ankle, elbow, foot, hand, knee, or wrist.

The guidelines further state that use of topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. As the patient is shown to have left shoulder pain, and the evidence based guidelines do not support use of topical NSAIDs for the treatment of the shoulder, the request is not supported. Additionally, the patient is not shown to have osteoarthritis of the shoulder. Furthermore, the clinical information submitted failed to provide evidence of the failure of first line treatments. For the reasons noted above, the request for Flector patches #60 is not medically necessary and appropriate.