

<b>Case Number:</b>	CM13-0072729		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation, 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 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 57-year-old female who reported an injury on 01/07/2005. The mechanism of injury involved a fall. The patient is currently diagnosed as status post right shoulder diagnostic and operative arthroscopy and degenerative disc disease in the lumbar spine. A request for authorization was submitted by [REDACTED] on 12/11/2013 for the medication Flector patch. The patient was seen by [REDACTED] on 12/02/2013. The patient reported right shoulder and lower back pain with numbness and tingling in the right upper extremity. Physical examination revealed painful range of motion, stiffness, tenderness to palpation, and positive Phalen's and Tinel's testing in the right hand. Treatment recommendations included a referral to [REDACTED] regarding evaluation of the lumbar spine as well as a right shoulder revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Topical Analgesics/Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip, or shoulder. The patient does not appear to meet criteria for the requested medication. Additionally, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.