

Case Number:	CM14-0005677		
Date Assigned:	02/05/2014	Date of Injury:	06/18/2013
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 52-year-old male with a 6/18/13 date of injury, and status post right shoulder SAD with acromioplasty and open repair of massive rotator cuff 11/8/13. At the time (1/8/14) of request for authorization for Flector patch 1.3% #30 with 3 refills, there is documentation of subjective (neck pain with radiation down to the right shoulder, pain rated 6/10; right shoulder pain aggravated by activities of daily living) and objective (right shoulder tenderness in the soft tissue fluctuant mass at deltoid muscles, tenderness in the upper trapezius, levator scapula, biceps belly, rhomboid, subacromial bursa, biceps tendon, infraspinatus and teres minor, there is atrophy noted to the infraspinatus and supraspinatus, decreased right shoulder range of motion, cervical spine tenderness and decreased range of motion) findings, current diagnoses (right shoulder anterior dislocation status post closed reduction, superficial abrasion of right elbow and right knee, contusion right hip, right distal clavicle fracture, and cervical strain/sprain, right wrist carpal tunnel syndrome, ulnar nerve compression in Guyon's canal, right shoulder rotator cuff tear, status post right shoulder SAD with acromioplasty and open repair of massive rotator cuff 11/8/13), and treatment to date (activity modification and medications (Norco, Ambien, Relafen, Zanaflex, and Zofran)). There is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings) for which Diclofenac Epolamine (1.3%) is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3% # 30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Non-Steroidal Anti-Inflammatory Agents (NSAIDS), Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine)

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings) for which diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of right shoulder anterior dislocation status post closed reduction, superficial abrasion of right elbow and right knee, contusion right hip, right distal clavicle fracture, and cervical strain/sprain, right wrist carpal tunnel syndrome, ulnar nerve compression in Guyon's canal, right shoulder rotator cuff tear, status post right shoulder SAD with acromioplasty and open repair of massive rotator cuff 11/8/13. However, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings) for which diclofenac epolamine (1.3%) is indicated. Therefore, based on guidelines and a review of the evidence, the request for Flector patch 1.3% #30 with 3 refills is not medically necessary.