

Case Number:	CM14-0014952		
Date Assigned:	02/28/2014	Date of Injury:	11/27/2012
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology and 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 a 47-year-old male who reported an injury on 11/27/2012 secondary to an unknown mechanism of injury. The injured worker was seen on 01/16/2014 for an orthopedic re-evaluation of his right shoulder. The injured worker had a right shoulder arthroscopy with decompression and debridement on 06/14/2013. The patient is reporting lumbar spine complaints upon examination. The exam noted the right shoulder's forward flexion and abduction to be at 165 degrees, with negative Neer and Hawkins impingement signs. The diagnoses included status post scope of the right shoulder. The treatment plan included Flector patches, and a request to transfer care to [REDACTED] for his lumbar spine. The Request for Authorization dated 01/21/2014 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH #30 ORF: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

Decision rationale: The request for Flector patch #30 is non-certified. The California MTUS Guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is a significant lack of objective clinical findings to indicate the need for the prescribed medication. There was no quantitative value of pain or functional deficits in the exam notes. Furthermore, the request for 30 patches exceeds the recommended number of doses for 2 weeks. Therefore, based on the documentation provided, the request is not medically necessary.