

Case Number:	CM14-0111789		
Date Assigned:	08/01/2014	Date of Injury:	05/16/2013
Decision Date:	09/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. . 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 56-year-old male who reported an injury on 05/16/2013 due to an unknown mechanism. Diagnoses were cervical stenosis, with cord edema, C4-5 and C5-6, left shoulder impingement syndrome, rotator cuff tendinopathy, status post left shoulder distal clavicle resection, discogenic low back pain, with 4 mm disc protrusion at the L4-5. Past treatments were cortisone injections of the left shoulder. Diagnostic study was an MRI of the cervical spine. Surgical history was a left shoulder distal clavicle resection. The injured worker had a physical examination on 07/03/2014 with complaints of neck pain and stiffness. Examination of the left shoulder revealed tenderness over the anterolateral aspect of the shoulder. Passive forward flexion was to 140 degrees, with a positive impingement sign. There was pain and weakness when testing the supraspinatus tendon against resistance. Examination of the cervical spine revealed tenderness in the posterior cervical and bilateral trapezial musculature. Examination of the lumbar spine revealed tenderness in the lower lumbar paravertebral musculature. Forward flexion was to 65 degrees, extension was to 10 degrees, lateral bending was to 30 degrees. Medications were lidocaine 5%, flurbiprofen 20% applied twice a day. The treatment plan was to use medications as directed. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #60 with 2 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: Web Edition California Medical Treatment Utilization Schedule: pop. 111-113, 2010 Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 111.

Decision rationale: The request for Flector patches quantity 60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule states Voltaren gel 1% (diclofenac) is an FDA approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Maximum dose should not exceed 32 gm per day (8 gm per joint per day in the upper extremity in 16 gm per joint per day in the lower extremity). The efficacy of this medication was not reported and the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.