

Case Number:	CM14-0151225		
Date Assigned:	09/19/2014	Date of Injury:	02/08/2011
Decision Date:	10/21/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Pain Management 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 female with a 2/8/11 date of injury. At the time (9/2/14) of the Decision for Flector patches 1.3%, QTY: 60, there is documentation of subjective (chronic moderate bilateral shoulder pain) and objective (decreased bilateral shoulder range of motion and tenderness over the lateral aspect of the left deltoid and biceps) findings, current diagnoses (right shoulder subacromial decompression, rotator cuff tear with recent flare-up of symptoms and worsening symptoms in the left shoulder with a known partial thickness rotator cuff tear post subacromial decompression), and treatment to date (ongoing therapy with Flector patches since at least 3/11/14 with some relief). Medical reports identify that oral pain medications result in epigastric pain. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), a condition/diagnosis for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%, QTY: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines,

Treatment in Workers Compensation, 2014 Web Based Edition and California MTUS Guidelines, Web based Edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS 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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. 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 subacromial decompression, rotator cuff tear with recent flare-up of symptoms and worsening symptoms in the left shoulder with a known partial thickness rotator cuff tear post subacromial decompression. In addition, given documentation that oral pain medications result in epigastric pain, there is documentation of contraindications to oral NSAIDs. However, despite documentation of moderate bilateral shoulder pain, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Flector patch since at least 3/11/14, there is no documentation of short-term use (4-12 weeks). Furthermore, given documentation of chronic bilateral shoulder pain, there is no documentation of a condition/diagnosis for which diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flector patches. Therefore, based on guidelines and a review of the evidence, the request for Flector patches 1.3%, QTY: 60 is not medically necessary.