

Case Number:	CM14-0182723		
Date Assigned:	11/07/2014	Date of Injury:	04/25/2006
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 77-year-old individual who sustained an industrial injury on April 25, 2006. The patient has chronic shoulder pain and underwent left shoulder joint replacement on July 23, 2009 and right shoulder joint replacement on July 15, 2010. The shoulder surgeries help decrease the patient's pain, but did not improve function according to a progress note on October 17, 2014. The disputed issue is a request for flatter patch. This was noncertified in a utilization review on date of service October 27, 2014. The rationale for this denial was that the factor patch is recommended after a failure of oral NSAIDs, and there was no evidence of such a failure.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flector Patch (diclofenac epolamine)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated

for short term treatment (4-12 weeks) of "osteoarthritis and tendinitis" in joints amenable to treatment such as the elbow, knees, but not of the "spine, hip or shoulder." In this case, the primary pain site of application is the shoulder and this request is not medically necessary.