

Case Number:	CM14-0025829		
Date Assigned:	06/06/2014	Date of Injury:	10/06/2011
Decision Date:	08/13/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 and is licensed to practice in California and Washington. 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 48-year-old female who reported an injury on 10/06/2011. The mechanism of injury was a fall. Her diagnoses include a sprain of the rotator cuff. Her previous treatments include medications, physical therapy, chiropractic care, and injections. Per the clinical note dated 11/21/2013, the injured worker was in for a follow-up evaluation for her persistent neck and shoulder pain. On the physical examination of the cervical spine, the physician reported that the paravertebral muscles were tender to palpation, spasms were present, and the range of motion was restricted due to pain. On the examination of the right shoulder, there was tender to palpation, the range of motion was restricted, and the impingement signs that were positive. The treatment plan was to discontinue the Soma and Flexeril. Prescriptions were also provided for Cyclobenzaprine 10 mg, Hydrocodone/APAP 10/325 mg and Medrox pain relief ointment. Per the clinical note dated 11/22/2013, the injured worker had complaints of neck pain and dizziness. On physical examination, the physician reported that the injured worker had bilateral cervical trigger points. The physician reported that the injured worker had decreased cervical range of motion, especially with right lateral rotation, which increased the neck pain and muscle spasms. The physician's treatment recommendations included a trigger point injection of the cervical musculature bilaterally and the left trapezius muscle with physical therapy to follow. He also provided prescriptions for Tramadol ER and Flector patches. Per the clinical note dated 12/05/2013, the injured worker was in for a re-evaluation of her right shoulder. The physician reported that she had made excellent progress following the arthroscopic surgery, including decompression and debridement of the right shoulder on 04/19/2013. He reported that her pain and range of motion were significantly improved. On the physical examination of the right shoulder, the physician reported forward elevation at 165 degrees and abduction 116 degrees. The Neer's, Hawkins and O'Brien's tests were negative. The current request is for Flector patch

1.3% #60. The rationale for the request was not provided. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH 1.3% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recognize Flector patches as a non-steroidal anti-inflammatory drug. The guidelines also state that Flector patches have not been evaluated for the treatment of spine, hip or shoulder pain. The clinical documentation provided indicated that the injured worker continued to have chronic pain of her shoulder and neck. However, the guidelines indicate that Flector patches are not recommended for the treatment of pain in the spine, hip or shoulder. The request also did not provide the area the body the Flector patches were to be administered. As such, the request for Flector patch 1.3% #60 is not medically necessary.