

<b>Case Number:</b>	CM14-0036366		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Neurological Surgery 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 60 year-old female who was reportedly injured on 10/19/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated 5/1/2014, indicates there are ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder positive tenderness to palpation at the acromioclavicular joint, subacromial. The patient's Range of motion: forward flexion 168, abduction 166, internal rotation 45, external rotation 60, and adduction 36. Cervical: positive tenderness to palpation upper trapezius bilaterally, and Levator scapulae. No current diagnostic images were available for review. Previous treatment includes left shoulder surgery, physical therapy and medications to include Tramadol, Norco, and Zofran. A request had been made for Flector Patch #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCH #60 TO LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111, 112.

**Decision rationale:** The California MTUS guidelines support topical Non-steroidal anti-inflammatory drugs (NSAIDs) for the short-term treatment of acute pain, for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. However, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. After review of the medical records provided by the treating physician, which are handwritten and partially illegible, it is noted that the patient who is now three months status post left shoulder arthroscopy has experienced some gastrointestinal (G.I.) upset and acid reflux to include vomiting with the use of NSAIDs. The treating physician has failed to document any type of treatment or medication for this issue to include an H-2blocker, or a proton pump inhibitor (PPI). This request for a flector patch #60 is not medically necessary.