

Case Number:	CM14-0048885		
Date Assigned:	06/25/2014	Date of Injury:	01/05/2013
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 53-year-old male who reported an injury on 01/05/2013. The injury occurred after continuous lifting of boxes. On 01/31/2014, the injured worker presented with neck and right shoulder pain. Prior surgeries included a right shoulder arthroscopic labral repair surgery. Upon examination of the cervical spine, there was decreased range of motion, tenderness and spasm noted over the right side of the paravertebral muscles, and tenderness noted over the rhomboids and trapezius. The Spurling's maneuver caused pain in the muscles of the neck but not radicular symptoms. Examination of the right shoulder revealed decreased range of motion and a positive Hawkins and Neer's test. There was tenderness noted over the bicipital grooves and subdeltoid bursa upon palpation. The diagnoses were right shoulder pain, right shoulder impingement, and cervical radiculopathy. Her medications include Voltaren gel. The provider recommended Flector patch for the right shoulder. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% SIG for the right shoulder, to be applied for 12 hours a day QTY: 30:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://acoempracguides.org/Shoulder>

Disorders; Table 2, Summary of Recommendations and Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006.

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

Decision rationale: The request for Flector patch 1.3% SIG for the right shoulder, to be applied for 12 hours a day qty: 30 is not medically necessary. The California MTUS states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee or elbow, or other joints that are amiable to topical treatment. It is recommended for up to 4 to 12 weeks of use. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker does not have a diagnosis that would be congruent with the guideline recommendations of topical NSAIDs. As such, the request is not medically necessary.