

<b>Case Number:</b>	CM14-0069629		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 19, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical agents; MR arthrography of the shoulder of September 26, 2013, reportedly negative for any full thickness rotator cuff tear; earlier noncontrast MRI imaging of the shoulder, reportedly notable for partial thickness rotator cuff tear; and unspecified amounts of physical therapy. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for topical Flector patches. In a January 20, 2014 progress note, the applicant presented with persistent complaints of shoulder and upper chest pain. The applicant had issues with depression and migraine headaches. The applicant was on topical diclofenac, Flector patches, and Motrin, it was acknowledged. The applicant was not currently employed, it was acknowledged. The applicant's shoulder pain did wake her up from time to time and was scored at 8/10. Limited shoulder range of motion was noted despite 5/5 strength. A pain management consultation and MR arthrography were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1 every 12 hours #30 times 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

**Decision rationale:** Flector is a derivative of diclofenac/Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, diclofenac/Voltaren has "not been evaluated" for treatment of the spine, hip, or shoulder. The applicant's primary pain generator, here, is, in fact, the shoulder, a body part for which Voltaren/diclofenac/Flector has not been evaluated. No rationale for selection and/or ongoing usage of Flector was proffered by the attending provider, particularly when the applicant is already using a diclofenac-containing gel and oral ibuprofen. Therefore, the request is not medically necessary.