

Case Number:	CM14-0078286		
Date Assigned:	07/18/2014	Date of Injury:	12/27/2013
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant sustained a repetitive motion work injury with date of injury of 12/27/13 while working as a baker with low back and right shoulder pain due to repetitive lifting. Treatments included Naprosyn, Tramadol, and approximately 12 sessions of physical therapy. He had ongoing right shoulder pain and an MRI was obtained on 02/26/14 showing supraspinatus and infraspinatus tendinopathy without full thickness tear. He was seen by the requesting provider on 05/12/14. He had started another course of physical therapy. Medications were Naprosyn 550 mg two times per day referenced as causing some gastrointestinal upset, Flexeril, and Tramadol. Physical therapy and medications were helping. Physical examination findings included right trapezius tenderness and restricted shoulder range of motion with positive impingement testing. He had decreased and painful lumbar spine range of motion. Diagnoses were a right trapezius strain, right shoulder pain, and a lumbar strain. Imaging results were reviewed. Recommendations included continuation of medications and use of TENS. He was to apply heat or ice and continue performing shoulder exercises. There was a pending orthopedic appointment for consideration of a shoulder injection. Approval for chiropractic care was pending. Flector was prescribed with instructions of one patch two times per day. He was seen for an orthopedic evaluation on 05/08/14. The assessment references no improvement with Flector. Physical examination findings included pain with impingement testing. Imaging results were reviewed. Recommendations included arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 6, p.131-132.

Decision rationale: The claimant is status post work-related injury and continues to be treated for right shoulder pain with physical examination findings of shoulder impingement and imaging showing tendinitis without rotator cuff tear. Topical Non-Steroidal Anti-Inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relatively contraindications, for oral Non-Steroidal Anti-Inflammatory medications. In this case, although there is reference to Naprosyn causing some gastrointestinal upset, Naprosyn was continued when the Flector was prescribed. Prescribing two Non-Steroidal Anti-Inflammatory medications would be duplicative and is not considered medically necessary.