

Case Number:	CM14-0099872		
Date Assigned:	07/28/2014	Date of Injury:	02/08/2014
Decision Date:	10/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family 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 injured worker is a 53 year old male injured on 02/08/14 due to slip and fall on greasy service landing on the left elbow resulting in immediate pain involving the entire left upper extremity, left elbow, shoulder, and shoulder blade. The injured worker subsequently complained of significant left upper extremity pain, low back pain, and left buttock pain. Treatment included ice, medication, and physical therapy. The injured worker received injection to the left shoulder to subacromial space on 06/17/14 following evaluation. Following diagnostic studies the injured worker diagnosed with lumbar strain, disorders of bursa and tendons in shoulder, and impingement syndrome of shoulder. Clinical note dated 06/17/14 indicated the injured worker presented complaining of ongoing pain to the low back and left shoulder. The injured worker reported low back pain remained localized without radiation of symptoms into the lower extremities, no numbness, or paresthesia. The injured worker reported left shoulder mobility remained restricted, flexion 130 degrees, abduction 120 degrees, internal rotation 50 degrees, impingement signs remained positive, weakness rotator cuff affecting predominately supraspinatus, tenderness at the base of the neck and trapezius, grip strength 70 pound on the right, 35 on the left, and no neurological findings or neurological deficits. Physical therapy treatment times 12 sessions had been completed with recent authorization of acupuncture treatment authorized. Clinical note dated 09/09/14 indicated the injured worker complained of shoulder and low back pain rated 7/10. The injured worker reporting low back pain radiating to left buttock and leg. The injured worker reported acupuncture helped from three sessions. Decreased shoulder range of motion with impingement signs, left paraspinal muscle tenderness. Refill of Ketoprofen and Flector patch and six more sessions of acupuncture requested. The initial request was non-certified on 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for Flector patch #1 cannot be recommended as medically necessary at this time.

Ketoprofen #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, compounded drugs

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Ketoprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Ketoprofen #1 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

