

Case Number:	CM14-0179763		
Date Assigned:	11/04/2014	Date of Injury:	06/06/2013
Decision Date:	12/21/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female, who sustained an industrial injury on 6-6-13. The injured worker has complaints of constant aching in the shoulders at times becoming sharp, shooting, stabbing and throbbing pain that travels to her arms and hands. The pain increases with reaching, pushing, pulling and with any lifting. The injured worker has complaints of lower back pain with stiffness; right hip pain and knee pain. The documentation noted that movement of the neck is restricted and guarded. Bilateral shoulders X-rays showed plate and screw construct for status post open reduction internal fixation of bilateral shoulders. Ankle X-rays are within normal limits; right knee X-rays show well-seated total knee replacement and left knee X-ray show minimal degenerative joint disease. The diagnoses have included rule out transient ischemic attack; status post total knee repair and status post bilateral shoulder fracture secondary to falls. Treatment to date has included surgery to her humerus with hardware and repair of the right rotator cuff on 4-2-14; passive physical therapy and home exercise program. The original utilization review (10-21-14) non-certified the request for flector patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Flector patch, which is topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case, the exam notes provided do not demonstrate prior adverse GI events or intolerance to NSAIDs. Given the lack of documentation of failure of oral NSAIDs or GI events, the prescription is not medically necessary and the determination is for non-certification.