

Case Number:	CM14-0206302		
Date Assigned:	12/18/2014	Date of Injury:	02/09/2010
Decision Date:	05/01/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 2/9/2010. The current diagnoses are rotator cuff syndrome; brachial plexus lesion, neuralgia, neuritis, radiculitis, and status post left shoulder surgery. According to the progress report dated 10/13/2014, the injured worker complains of left shoulder pain. The current medications are Flector patch. Treatment to date has included medication management, electrostimulation unit, suprascapular nerve block, physical therapy, and surgical intervention. The plan of care includes scapular stabilization brace, Flector patch, Neurontin, and repeat ultrasound of the left shoulder with possible injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scapular stabilization brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

Decision rationale: Per the ACOEM shoulder guidelines, maximizing activities is imperative once red flags have been ruled out. The documentation submitted for review does not indicate a red flag diagnosis for which immobilization through a brace would be indicated or recommended. There was no information suggesting that there was any instability in the shoulder, or documentation of labral tears. The request is not medically necessary.

Flector patch 1.3% TDSY no.60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.