

<b>Case Number:</b>	CM14-0207736		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old male who reported an injury on 01/22/2013. The mechanism of injury was not provided. His diagnoses were noted as myofascial pain syndrome and intercostal neuralgia. His past treatments were noted to include splinting, medication, trigger point injection, nerve blocks, and topical analgesics. His diagnostic studies were not provided. His surgical history was noted to include left shoulder diagnostic and operative arthroscopy performed on 10/14/2013. During the assessment on 11/11/2014, the injured worker complained of left shoulder and suprascapular pain. He indicated that the pain radiated down the left upper arm. He also complained of pain and stiffness in the left upper back over the left medial aspect of the scapula extending from T3 down to T5. The physical examination revealed a moderate amount of tenderness to deep palpation in the left upper back, especially over the left rhomboid, levator scapulae, and trapezius muscle with trigger points palpable. There was also a marked degree of tenderness to deep palpation over the medial aspect of the left scapula at T3-4 and T5 that radiated underneath the scapula to the mid/posterior thoracic spine. The muscular tensions and strengths were all 5+/5+. There was no sensory deficit or motor dysfunction noted in the upper extremities. Range of motion in the cervical spine was full in all directions; however, the range of motion of the left shoulder was somewhat limited especially in abduction and external rotation. His medications were noted to include Motrin 800 mg, Soma, Norco, and Flector patch. The treatment plan was to resume current medication regimen as well as request trigger point injections and intercostal nerve blocks. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain (updated 10/30/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector patch (diclofenac epolamine)

**Decision rationale:** The request for Flector patches is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Official Disability Guidelines further specify that Flector patch is not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAIDs or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac including topical formulations. In addition, there is no data to substantiate Flector efficacy beyond 2 weeks. The clinical documentation did not indicate that the injured worker attempted and failed oral NSAIDs nor was there any documentation that there was a contraindication to oral NSAIDs. Moreover, the use of the Flector patch is not recommended as a first line treatment by the evidence based guidelines. Given the above, the request is not medically necessary.