

<b>Case Number:</b>	CM14-0209317		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/04/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Occupational Medicine and is licensed to practice in Arizona. 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 51 year old female who got injured on 2/14/2010. She was reportedly in the course of her usual duties working in the production line and standing in the process of peeling and cutting honeydew melons when she reached overhead to retrieve a melon off a conveyor belt and experienced pain in her right shoulder. MRI dated 5/20/10 was significant for moderate diffuse rotator cuff tendinopathy, moderate AC joint arthropathy with downgoing osteophytes and lateral downsloping type 2 acromion moderately narrowing the outlet for the rotator cuff, SLAP tear type 2 superior labrum. During her QME evaluation on 9/9/2011, it was reported that on 9/13/2010 she had gastrointestinal irritation secondary to NSAD use and her ibuprofen dose was lowered and ranitidine was added. During her office visit dated 12/10/2014, it was reported that she continues to have pain in her shoulder worse with lifting overhead. Her physical exam was positive for problems with abduction past 90 degrees or flexion past 90 degrees, suspect scar tissue, and possible testing positive for impingement. The assessment was right shoulder superior labrum anterior and posterior tear. She has been managed conservatively with medications, ibuprofen as well as Lidoderm patches as well as physical therapy for her shoulder pain. The request is for Flector Dis 1.3%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Dis 1.3%:** Upheld

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

**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.

**Decision rationale:** Per the MTUS, Topical analgesics are recommended as an option in chronic pain, primarily as an option when a trial of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic effects, absence of drug interactions and no need to titrate. They are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is also not recommended for neuropathic pain. Per the ODG, Flector patch is not recommended as a first line agent, 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, it may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. A review of the injured workers medical records do not reveal a trial of antidepressants or anticonvulsant, and while due to her history of gastrointestinal irritation it may be desirable to avoid oral NSAID's the side effect profile is such that without documented failure of antidepressants and anticonvulsants Flector dis 1.3% is not medically necessary.