

Case Number:	CM15-0004544		
Date Assigned:	01/15/2015	Date of Injury:	08/14/2006
Decision Date:	04/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 sustained an industrial injury on 08/14/2006. He has reported left shoulder pain. The diagnoses have included chronic left shoulder pain, left shoulder impingement, left shoulder internal derangement, and left shoulder type II acromion. Treatment to date has included medications. Medications have included Norco, Ibuprofen, and Flector Patches. A progress noted from the treating physician, dated 11/19/2014, documented a follow-up visit with the injured worker. The injured worker reported left shoulder pain, which is achy in quality and rated 7/10 on the visual analog scale. Objective findings included tenderness to palpation of the left shoulder with painful and reduced range of motion. Work status is noted as full-time, full duty. The treatment plan has included prescriptions for Norco, Ibuprofen, and Flector Patches; and follow-up evaluation in four weeks. On 12/11/2014 Utilization Review noncertified a prescription for Flector 1.3% Patch QTY: 300, noting topical analgesics are largely experimental in use. The MTUS, Chronic Pain Medical Treatment Guidelines: Topical Analgesics was cited. On 01/09/2015, the injured worker submitted an application for IMR for review of a prescription for Flector 1.3% Patch QTY: 300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch, 300 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86.

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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector 1.3% patch #300 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector patch is indicated for acute sprains, strains and contusions. In this case, the worker's working diagnoses are chronic left shoulder pain; left shoulder impingement; left shoulder internal derangement; and left shoulder Type II acromion. Subjectively, the injured worker complained of left shoulder pain, decreased sex drive secondary to pain. The Flector patch provides 40% improvement in the injured workers ADLs. Less Norco was taken as a result of the patch. Objectively, left shoulder was tender to palpation with range of motion restriction due to pain. Flector patch is indicated for acute sprains, strains and contusions. The worker is in the chronic phase of his injuries. Flector patch is not clinically indicated for these injuries. Consequently, applicant clinical documentation to support the ongoing use of Flector patch, Flector 1.3% patch #300 is not medically necessary.