

Case Number:	CM15-0102946		
Date Assigned:	06/05/2015	Date of Injury:	08/26/2010
Decision Date:	09/15/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on August 26, 2010. The worker was employed as a housekeeper and noted with injury after having a set of venetian blinds fall on top of her resulting injury. A primary treating office visit dated April 21, 2015 reported subjective complaint of with a sudden acute pain flare up, severe headache, left shoulder pain. Of note, she states having been seen in the emergency department for pain and noted administered an intra-muscular injection. She was noted being prescribed Flector patches this visit. The following diagnoses were applied: chronic myofascial pain disorder; headache, and disorder rotator cuff, resolved frozen shoulder. She has been previous deemed as permanent and stationary. Back on February 26, 2015 reported unchanged subjective, objective, plan of care and treating diagnoses. Back on November 11, 2014 at an orthopedic follow up noted cervical dysfunction applied to diagnoses. Medications prescribed this visit were: Zorvolex, ibuprofen and corticosteroid injections. February 26, 2015 at follow up she was prescribed Motrin. At follow up on August 05, 2014 she noted being prescribed refills for Voltaren and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #30 times one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory medications (NSAIDs).

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. Continued and chronic use of Flector is not medically necessary.