

Case Number:	CM15-0104222		
Date Assigned:	06/08/2015	Date of Injury:	07/18/2013
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii

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 49 year old female who sustained an industrial injury on July 18, 2013. She has reported left elbow pain, left shoulder pain, and left hip pain and has been diagnosed with left elbow epicondylitis, left shoulder impingement syndrome, and left hip greater trochanteric bursitis. Treatment has included physical therapy, medications, injection, and medical imaging. The left shoulder was noted to have passive forward flexion at 160 degrees, abduction was at 80 degrees, and external rotation was at 80 degrees. Impingement sign was positive. There was slight tenderness in the lateral epicondyle and extensor muscle mass. There was slight tenderness over the greater trochanteric bursa. Flexion, internal, and external rotation were free of pain. The treatment request included 60 flector patches with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Flector patches with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with left elbow pain, left shoulder pain, and left hip pain. The current request is for 60 Flector patches with 2 refills. The treating physician states, in a report dated 04/16/15, "She cannot take oral anti-inflammatory medications so I will prescribe topical patches. She was given a prescription today for Flector patches to apply q12n pm acute exacerbations #60 w12 refills." (5B) The MTUS guidelines state, "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. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the treating physician has documented "She continues to have some left shoulder and left hip pain." However, osteoarthritis pain, for which MTUS recommend this medication, is not documented in the records available for review. Nor is this medication recommended for shoulder or hip pain, and the treating physician has failed to document where the patches are to be used. As such, the current request is not medically necessary.