

Case Number:	CM15-0145247		
Date Assigned:	08/06/2015	Date of Injury:	11/15/2010
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old male who sustained an industrial/work injury on 11-15-10. He reported an initial complaint of neck and mid back pain. The injured worker was diagnosed as having internal derangement of the left shoulder, supraspinatous, infraspinatous, and bicipital tendinitis of the left shoulder with possible tear of the rotator cuff, musculoligamentous sprain of the cervical spine with left upper extremity radiculitis, frozen left shoulder, and musculoligamentous sprain of the thoracic spine. Treatment to date includes medication, injection, surgery (rotator cuff repair, partial resection of the glenoid labrum and partial removal of the acromioclavicular joint), and diagnostics. MRI results were reported on 4-17-13. X-ray report of the thoracic spine was on 8-20-13. Currently, the injured worker complained of increased pain and stiffness to the neck and back. The pain radiates to the left shoulder to under the arm ad ribs. There is also pain and tingling down the left arm to the 4th and 5th fingers. Per the primary physician's report (PR-2) on 5-11-15, exam notes diminished sensation in the left 4th and 5th fingers. The requested treatments include Flector 1.3%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% #60 per 6/2/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2010 and is being treated for neck and mid back pain and radiating upper extremity pain. When seen, there had been no new injuries. Medications were helping to reduce pain. Physical examination findings included decreased sensation affecting the left fourth and fifth fingers. Lyrica, Lunesta, and tramadol were continued. Lidoderm was prescribed. A Toradol injection was administered. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector was not medically necessary.