

Case Number:	CM15-0168446		
Date Assigned:	09/09/2015	Date of Injury:	08/17/2014
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/26/2015

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

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, with a reported date of injury of 08-17-2014. The mechanism of injury was the result of usual work duties. The injured worker's symptoms at the time of the injury included right shoulder pain. The diagnoses include right shoulder joint pain. Treatments and evaluation to date have included physical therapy, Flector patch, and oral medication. The medical reports dated 07-31-2015 and 06-19-2015 indicate that the injured worker had some restricted range of motion and myofascial restrictions about the shoulder region. It was noted that she was not a surgical candidate. On 06/19/2015, the injured worker reiterated her desire to avoid surgery. The injured worker received some benefit from the Flector patch. The treating physician requested a refill of Flector 1.3% adhesive patch every day for thirty days. The injured worker's work status was temporarily total disabled. The request for authorization was dated 08-14-2015. On 08-24-2015, the Utilization Review non-certified the request for a Flector 1.3% patch since the quantity of the medication was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector (Diclofenac Epolamine) 1.3% patch (Quantity not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The current request is for Flector (Diclofenac Epolamine) 1.3% patch (Quantity not provided). Treatments to date have included physical therapy, Flector patch, and oral medication. The patient is temporarily total disabled. Flector patch is Diclofenac in a topical patch. MTUS Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) section, pages 111-113, state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per report 07-31-2015, the patient presents with chronic right shoulder pain with some restricted range of motion. It was noted that she was not a surgical candidate. The diagnoses include right shoulder joint pain. The patient reported that she received some benefit from the Flector patch. The treater requests a refill of medications. The Flector patches are not indicated for the patient's right shoulder pain. MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Therefore, the request is not medically necessary.