

Case Number:	CM15-0043224		
Date Assigned:	03/11/2015	Date of Injury:	08/23/2012
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 29-year-old female, who sustained an industrial injury on August 23, 2012. She reported injury to her left shoulder while moving a patient. The injured worker was diagnosed as having left shoulder upper arm strain, left trapezius strain, rotator cuff syndrome, and status post left rotator cuff surgery on 4/3/13. Treatment to date has included shoulder surgery, medications, and a home exercise program. The records indicate she had a magnetic resonance imaging of the left shoulder on September 29, 2012, which revealed mild tendinosis. On January 16, 2015, she continues complaint of left shoulder issues. Physical findings are noted as limited range of motion in all planes. The current treatment plan includes request for Flector patches, continuation of Flexeril ½ tab at bedtime, home exercise program more frequently, use of theracane and pully more often, trial of Relafen, referral for more physical therapy, and follow-up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch as needed for GI intolerance to NSAIDs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 11, 112.

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review do not denote any indications for the request. Additionally, this individual was started on a trial of Relafen on January 16, 2015. Considering the injured employee's physical complaints and a new trial of this oral anti-inflammatory, this request for Flector patches is not medically necessary.