

Case Number:	CM15-0047054		
Date Assigned:	03/19/2015	Date of Injury:	03/14/2012
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: North Carolina, Georgia
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 33 year old male, who sustained an industrial injury on 03/14/2012. Initial complaints reported included left shoulder pain. The injured worker was diagnosed as having dislocated left shoulder. Treatment to date has included conservative care, medications, left shoulder surgery (10/09/2013), electrodiagnostic testing (01/21/2014), and left shoulder injections. Currently, the injured worker complains of persistent intermittent left shoulder pain with no pain reported at the time of exam and no medications having been consumed as they had all been denied. Current diagnoses include left shoulder adhesive capsulitis, history of recurrent left shoulder dislocation, status post left shoulder arthroscopy, synovectomy and debridement, and left shoulder pain. It was noted that the injured worker responded well to previous sessions of physical therapy and has now requested the Flector patched to help with superficial pain after work. The treatment plan consisted of the use of Flector patches, continued working, continued home exercise program, and follow-up in 6 weeks.

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 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector patch.

Decision rationale: CA MTUS recommends limited use of topical analgesics. ODG section on Pain, Flector patch indicates that Flector patch (diclofenac) may be indicated as second line therapy when oral NSAIDs are not tolerated. There is, however, little data to suggest efficacy beyond 2 weeks. In this case, there is good documentation of intolerance of oral agents but the request for Flector patch is for ongoing use and the guidelines do support ongoing use. Flector patch #30 R 3 is not medically necessary.