

Case Number:	CM15-0086363		
Date Assigned:	05/08/2015	Date of Injury:	05/16/2012
Decision Date:	06/15/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 52-year-old, male who sustained a work related injury on 5/16/12. He was lifted a steel door to align the dead bolt lock and injured his left shoulder. The diagnoses have included complete proximal biceps tendon tear, tendonitis in left shoulder and supraspinatus tendon tear left shoulder. The treatments have included a home exercise program, oral medications and Flector patches. In the PR-2 dated 4/8/15, the injured worker complains of left shoulder pain. He rates his pain level a 2/10. He has full range of motion in left shoulder. He has tightness with abduction to the shoulder. The treatment plan includes a request authorization for Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3%, 2 boxes per month, Qty 26: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.