

<b>Case Number:</b>	CM14-0136320		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62-year-old female with date of injury 01/31/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/31/2014, lists subjective complaints as pain in the bilateral shoulders. Objective findings: Bilateral shoulders range of motion is stable. Right shoulder strength was 4/5; left shoulder strength was 5/5. Diagnosis: 1. Rotator cuff syndrome 2. Chronic pain syndrome 3. Myofascial pain syndrome. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as 4 months. Medications: 1. Flector patches 1.3%, #30 SIG: apply every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1.3% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Page. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14); Flector patch (diclofenac cpolamine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the MTUS, Flector patches are indicated for 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. The patient has been using Flector patches for at least 4 months, which is one month longer than that recommended. Flector patches are not medically necessary.