

Case Number:	CM14-0147279		
Date Assigned:	09/15/2014	Date of Injury:	11/26/2012
Decision Date:	10/15/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

The injured worker is a 40-year-old male who reported an injury on 11/26/2012. Mechanism of injury was not submitted for review. The injured worker has diagnoses of shoulder pain, joint pain, and wrist pain. Past medical treatment consist of surgery, physical therapy, hot/cold packs, ultrasound, electrotherapy, and medication therapy. Medications include Norco, ibuprofen, and Flector patches. An MRI was obtained on 02/06/2013 on the left shoulder. Left shoulder arthroscopy was done on 09/05/2013. On 08/05/2014, the injured worker complained of left shoulder pain. Physical examination revealed movements of the shoulder were restricted with flexion to 95 degrees due to pain, extension limited to 35 degrees also due to pain, abduction limited to 90 degrees due to pain, passive elevation limited to 105 degrees, and active elevation limited to 95 degrees due to pain. Hawkins test was positive. On palpation, tenderness was noted in the glenohumeral joint and greater tubercle of humerus. Treatment plan is for the injured worker to continue the use of medications. A rationale and Request for Authorization form were not submitted for review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector® patch (diclofenac epolamine).

Decision rationale: The request for Flector Patch 1.3% #30 is not medically necessary. According to the Official Disability Guidelines, Flector patches are not recommended as a first line treatment. In 12/2009, the FDA issued warnings about the potential elevation in liver function tests during treatments with all products containing Diclofenac. These types of medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. In addition, there is no data that substantiates Flector efficacy beyond 2 weeks. As Flector patches are not recommended by the Official Disability Guidelines, the Flector patches would not be indicated. Additionally, the request as submitted is for Flector patches with a quantity of 30, exceeding the recommended guidelines of 2 weeks. Furthermore, the provider did not provide a rationale for the medication. As such, the request for Flector Patch 1.3% #30 is not medically necessary.