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| Case Number: | CM14-0212280 | | |
| Date Assigned: | 01/02/2015 | Date of Injury: | 07/25/2011 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/03/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 54 year old male with an injury date of 07/25/11. Based on the 11/06/14 progress report provided by treating physician, the patient complains of right shoulder pain which occurs intermittently and exacerbated by physical activity. Patient is status post right shoulder arthroscopy labral and subscapularis debridement, Mumford procedure and rotator cuff repair with post-operative development of adhesive capsulitis. Physical examination dated 11/06/14 does not discuss physical findings, objective observations, nor extremity range of motion, only quotes MRI result showing significant findings of liver abnormality, suggests follow up. The patient is not taking any medications owing to bouts of gastritis. Diagnostic imaging included MRI of the right axilla dated 10/24/14, significant findings pertinent to chief complaint include: "There is a separation of the right acromioclavicular joint." Patient is currently working. Diagnosis 11/06/14- Right shoulder status post arthroscopic labral and subscapularis debridement, chondroplasty of the glenoid, subacromial decompression, Mumford procedure and rotator cuff repair and Postoperative adhesive capsulitis, Right sided chest pain. The utilization review determination being challenged is dated 12/03/14. The rationale is not provided with the denial letter. Treatment reports were provided from 06/05/14 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #1 Box BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics .

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

Decision rationale: The patient presents with right shoulder pain which occurs intermittently and exacerbated by physical activity. Patient is status post right shoulder arthroscopic shoulder repair. The request is for Flector Patch #1 Box BID PRN. Physical examination dated 11/06/14 does not discuss physical findings, objective observations, nor extremity range of motion. The patient is not taking any medications owing to bouts of gastritis. Diagnostic imaging included MRI of the right axilla dated 10/24/14. Patient is currently working. This review is for use of Flector patch. The Flector patch is Diclofenac in a topical patch. The MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents (NSAIDs) states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration" The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." This request is for a proprietary topical NSAID patch. This patient's persistent and chronic shoulder pain stems from his complex surgical history and is exacerbated by his continuing physical labor. However, for lack of evidence proving their efficacy for shoulder complaints, the Flector patches are not indicated for this patient's chief complaint. Therefore, this request IS NOT medically necessary.