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| Case Number: | CM14-0218563 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 03/25/2011 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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, Pain Management

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 49 year old male who sustained a work related injury March 25, 2011. Past surgical history includes a left shoulder arthroscopy with rotator cuff repair and distal clavicle excision April, 2014. According to a primary treating physician's progress report dated November 11, 2014, the injured worker presented with complaints of left shoulder pain shooting into the left hand. There is also complaints of right shoulder pain with right hand numbness and neck pain. Physical examination reveals tenderness in the neck due to spasms in the cervical spine musculature. He is wearing a Flector patch on the left shoulder and trapezius muscle. The range of motion is significantly limited due to stiffness and pain. There is continued numbness in both hands and palms. Diagnoses is documented as worse myofascial pain, worse rotator cuff syndrome, worse chronic pain syndrome and worse adhesive capsulitis shoulder. Treatment plan includes authorization and prescriptions for medications. Work status is not specifically documented, checked off as other, without description. According to utilization review performed December 1, 2014, the request for Cymbalta was approved. The request for Flector Patch #60 prescribed 11/11/2014 was non-certified. Citing MTUS Chronic Pain Medical Treatment Guidelines Topical Analgesics, are not recommended as the efficacy in clinical trials for topical NSAID's has been inconsistent and most studies are small and of short duration. Further, there is no documentation of a trial and failure of first-line oral nonsteroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flector patch # 60, prescribed on 11/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated for short term treatment (4-12 weeks) of "osteoarthritis and tendinitis" in joints amenable to treatment such as the elbow, knees, but not of the "spine, hip or shoulder." In this case, the primary pain sites are the neck, cervical and upper back paraspinals and shoulders. These are not the small joints that are described as amenable to topical treatment. Therefore, this request is not medically necessary.