

Case Number:	CM15-0111355		
Date Assigned:	06/17/2015	Date of Injury:	03/01/2013
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60-year-old female, who sustained an industrial injury on March 1, 2013 while working as a welder mechanic. The injury occurred when the injured worker was caring a heavy object and developed a sharp pain in the right shoulder that radiated to the right arm. The diagnoses have included right elbow strain, right rotator cuff syndrome and right rotator cuff tear adhesive capsulitis of the right shoulder. Treatment to date has included medications, radiological studies, MRI, physical therapy, a home exercise program and right shoulder surgery. Current documentation dated May 8, 2015 notes that the injured worker reported right shoulder pain rated a four out of ten on the visual analogue scale. The injured worker also noted constant right hand numbness and tingling since her shoulder surgery. The injured worker was noted to have moderate atrophy of the suprascapular muscle. The treating physician's plan of care included a request for Flector Patch # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch #60 times one refill: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for 2 additional months. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The Flector patch is not medically necessary.