

Case Number:	CM15-0113934		
Date Assigned:	06/22/2015	Date of Injury:	03/05/2012
Decision Date:	07/21/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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 45 year old female, who sustained an industrial injury on 3/5/12. She reported initial complaints of back, left shoulder, thoracic spine and both hips. The injured worker was diagnosed as having cervical sprain/strain subluxations (neuromechanical dysfunction); thoracic sprain/strain subluxations (neuromechanical dysfunctions) complicated by worsened sensory neuropathy, myofascial pain syndrome; lumbar sprain/strain subluxations/neuropathy; left shoulder postsurgical repair with resultant and persistent adhesive capsulitis. Treatment to date has included urine drug screening; medications. Currently, the PR-2 notes dated 5/27/15 indicated the injured worker presents as a follow-up evaluation of cervical pain complaints and discomfort. Severity of condition is a 4/10. She indicates muscle relaxants worsen the condition along with looking up and down. She describes her pain as aching, burning, radiating and stiff. Her neck pain occurred as a result of her work injury and is located in the right and left sides of the neck. She also presents for a follow-up of her back pain, low back pain and lumbar complaints. The severity of this pain is 3/10 and described as aching, burning, tight spasming, painful and cramps. The back pain is worse with back extension, flexion. Massage improved the pain and stretching worsens it. She is experiencing back stiffness, numbness in the bilateral lower extremities, and radicular type pain with weakness in the bilateral legs. She also presents for a follow-up of her thoracic pain and mid back pain. The pain is described as achy, with stiffness and extension, flexion, hip extension, hip flexion and hip rotation worsen the pain. It is aching, burning, throbbing and spasming with a pain level of 5/10. She is also here to follow-up on her left shoulder pain described as achy, burning, and localized, radiating, and throbbing. The severity is rated as 2/10. Her back pain is located in the bilateral

hips as well with throbbing, stiff and tingling and numbness. She also describes headaches and migraine headaches bad enough to cause wakening from sleep with aching, band-like on a scale of 4/10. She notes substantial benefit from medications and there is no evidence of abuse or aberrant behavior. The provider completes a physical examination of all mentioned complaints. He notes the cervical, thoracic, lumbar spinal pain with shoulder rotator cuff tear. He also documents disc annular disruption syndrome with high intensity zone. The shoulder rotator cuffs tear post- surgery May 9, 2015 with a arthroscopy, debridement, subacromial decompression and open biceps tenodesis. A consultation with another provider recommended diagnostic medial branch blocks and if positive outcome, would need to proceed with neurolysis. If not the epidural steroid injections, he would recommend ongoing chiropractic therapy and a left shoulder repair. He also documents she is a status post "DRDB" of the lumbar spine at L3,L4 and L5 on 7/25/13 with 80% improvement indicating the likelihood of facet capsular tears and a candidate for radiofrequency ablation. He is requesting authorization of Flector 1/3% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics, (3) NSAIDs, specific drug list & adverse effects Page(s): 60, 68-71, 111-113.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic left shoulder, neck, and low back pain. When seen, there was multilevel spinal tenderness. There were cervical and thoracic trigger points. There was Gaenslen and Patrick's testing. Medications being prescribed included Percocet and meloxicam. In terms of the requested Flector patch, the claimant is already taking an oral NSAID. The medical necessity of a topical NSAID is not established. Additionally, if a topical NSAID was being considered, a trial of topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. For these reasons, the requested medication is not medically necessary.