

Case Number:	CM15-0118645		
Date Assigned:	06/26/2015	Date of Injury:	04/05/2013
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 37-year-old female sustained an industrial injury to the right shoulder on 4/5/13. Previous treatment included physical therapy, sling and medications. X-rays of the right shoulder (4/9/13) were normal. In a Pr-2 dated 5/7/15, the injured worker complained of an acute exacerbation of pain in bilateral shoulders. The injured worker reported that Ibuprofen was "messing with her stomach": The physician noted that the injured worker could not tolerate anti-inflammatory oral medications. Current diagnoses included bilateral shoulder pain. The treatment plan included Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.5% #60 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, Flector patches.

Decision rationale: This claimant was injured over two years ago. Previous treatment included physical therapy, sling and medications. X-rays of the right shoulder (4/9/13) were normal. As of 5/7/15, the injured worker complained of an acute exacerbation of pain in both shoulders. The injured worker reported that Ibuprofen was "messing with her stomach." The physician noted that the injured worker could not tolerate anti-inflammatory oral medications. Objective functional improvement out of the medicine was not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Flector patches, the ODG notes in the pain section: Not recommended as a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007), not for chronic issues. The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term therapy with diclofenac. Also, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request was not medically necessary.