

Case Number:	CM15-0127649		
Date Assigned:	07/14/2015	Date of Injury:	06/11/2013
Decision Date:	08/18/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/01/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 41 year old man sustained an industrial injury on 6/11/2013 due to cumulative trauma. Evaluations include undated right shoulder x-rays and right shoulder MRI. Diagnoses include right shoulder rotator cuff tear, right shoulder impingement, right acromioclavicular cartilage disorder, right subacromial/subdeltoid bursitis, right bicipital tendinitis, and right shoulder pain. Treatment has included oral medications, surgical intervention, and cortisone injection. Physician notes dated 5/21/2015 show complaints of severe right shoulder pain rated 8/10 with radiation down the arm to the elbow with numbness, tingling, popping, and weakness. Recommendations include activity/work modifications, send operative report, physical therapy, subacromial steroid injection of the right shoulder, and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." With regard to medication history, the first request for this medication was 5/2015. Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. While it is noted that the injured worker has shoulder pain, the guidelines do not support topical NSAIDs for the shoulder. The request is not medically necessary.