

Case Number:	CM15-0174930		
Date Assigned:	09/25/2015	Date of Injury:	10/22/2003
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 10-22-2003. The medical records indicate that the injured worker is undergoing treatment for sprains and strains of the shoulder and upper arm. According to the progress report dated 8-7-2015, the injured worker presented with complaints of symptoms over her right acromioclavicular joint. Per notes, the treating physician suspects that she has a small case of bursitis in this area. On a subjective pain scale, she rates her pain 6 out of 10. The physical examination did not reveal any significant findings. The current medications are Tylenol, Ibuprofen, and Lidoderm patches. Treatments to date include medication management, ice, physical therapy, acupuncture, and shoulder joint injection. Work status is described as modified. She is able to work 5 hours a day. The original utilization review (8-19-2015) had non-certified a request for Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% quantity 60 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Flector® patch (diclofenac epolamine).

Decision rationale: Flector patch 1.3% quantity 60 with three refills is not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac, which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The ODG states that Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. The documentation indicates that the patient has shoulder pain. Diclofenac has also not been evaluated for shoulder pain, which this patient suffers from. The MTUS does not support topical NSAIDs or Diclofenac long term and three refills of this medication would not be appropriate. For all of these reasons the request for Flector Patch is not medically necessary.