

Case Number:	CM15-0069951		
Date Assigned:	04/22/2015	Date of Injury:	11/12/2014
Decision Date:	06/02/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38 year old female, who sustained an industrial injury on 11/12/2014. She reported a left shoulder injury. Diagnoses have included tendonitis of hand/wrist/finger, carpal tunnel syndrome, arm and shoulder sprain/strain, shoulder tendonitis and arthritis. Treatment to date has included cortisone injections, magnetic resonance imaging (MRI) left shoulder, left wrist splint, physical therapy and medication. According to the progress report dated 2/9/2015, the injured worker complained of left shoulder pain. Exam of the left shoulder revealed tenderness over the acromioclavicular joint and posterior shoulder. All shoulder movements caused increased pain. Authorization was requested for Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patches 1.3 % 1 Box: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Flector (diclofenac patch) is a topical medication in the non-steroidal anti-inflammatory drug (NSAID) class that is delivered through a patch. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because the benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. This particular medication is approved by the FDA only for the treatment of recent pain. The submitted and reviewed documentation indicated the worker was experiencing pain in both shoulders. There was no discussion detailing special circumstances supporting the use of this medication in this setting. In the absence of such evidence, the current request for 1 box of Flector (diclofenac) 1.3% patches is not medically necessary.