

<b>Case Number:</b>	CM15-0073128		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/08/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Illinois  
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:

The injured worker is a 58 year old female, who sustained an industrial injury on 04/08/2011. She has reported injury to the neck, right arm, right shoulder, and right upper extremity. The diagnoses have included cervical radiculopathy; right rotator cuff partial tear; sprain/strain lumbosacral; and fibromyalgia/myositis. Treatment to date has included medications, diagnostics, physical therapy, and right shoulder surgical intervention. Medications have included Oxycodone-Acetaminophen, Flector patch, Flexeril, Gabapentin, and Paxil. A progress note from the treating physician, dated 01/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of severe right shoulder pain; and the pain precludes her from activities of daily living including self-care activities. Objective findings included mild distress; moderate right acromioclavicular tenderness; and reduced range of motion of the right shoulder. The treatment plan has included the request for Flector patch 1.3% transdermal 12 hour patch 1-2 daily #180; Flexeril 10mg three times daily #270; Oxycodone - Acetaminophen 10-325mg #120; Gabapentin 300mg #900; and Paxil 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% Tramadermal 12 hour patch 1-2 daily #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical NSAIDs Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (web: update 2/23/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector® patch (diclofenac epolamine).

**Decision rationale:** The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis of cervical radiculopathy; right rotator cuff partial tear; sprain/strain lumbosacral; and fibromyalgia/myositis. Treatment to date has included medications, physical therapy, and right shoulder surgical intervention. Medications have included Oxycodone -Acetaminophen, Flector patch, Flexeril, Gabapentin, and Paxil. The medical records provided for review do not indicate a medical necessity for Flector patch 1.3% Tramadermal 12 hour patch 1-2 daily #180. Flector patch is a topical analgesic containing diclofenac). The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Although the MTUS recommends use of Voltaren Gel 1% (diclofenac): for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); the MTUS states this formulation has not been evaluated for treatment of the spine, hip or shoulder; also, the MTUS is silent on Flector patch. Nevertheless, the Official Disability Guidelines does not recommend it as a first line drug, but states it could be used for up to two weeks osteoarthritis after failure of an oral NSAID. The medical records do not indicate there has been failed treatment with the first line anti-depressant and Anti-epilepsy drugs (Although the patient has been on Paxil( Paroxetine) this is not a recommended antidepressant for pain. Furthermore, the affected areas are the spine and shoulder, regions, but the MTUS states it has not been evaluated for the spine and the shoulder

**Paxil tab 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The injured worker sustained a work related injury on 04/08/2011. The medical records provided indicate the diagnosis of cervical radiculopathy; right rotator cuff partial tear; sprain/strain lumbosacral; and fibromyalgia/myositis. Treatment to date has included medications, physical therapy, and right shoulder surgical intervention. Medications have included Oxycodone-Acetaminophen, Flector patch, Flexeril, Gabapentin, and Paxil. The medical records provided for review do not indicate a medical necessity for Paxil tab 10mg #90. Paxil is Selective serotonin re-uptake inhibitors (SSRIs), a class of antidepressants containing Paroxetine. Although both the MTUS and the Official Disability Guidelines recommend the anti-depressants as first line option for neuropathic pain, and as a possibility for non-neuropathic pain, they do not recommend the selective serotonin reuptake inhibitors (SSRIs class of anti- depressants for treatment for chronic pain.