

<b>Case Number:</b>	CM15-0079853		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/27/2014
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on July 27, 2014. The injured worker was diagnosed as having chronic left shoulder pain, adhesive capsulitis and arthroscopic surgery. Treatment and diagnostic studies to date have included injection, left shoulder surgery, physical therapy and medication. A progress note dated March 27, 2015 provides the injured worker complains of left shoulder pain. She reports right shoulder pain related to overuse. She rates her pain 9/10 and constant. Physical exam notes left shoulder is tender and frozen with decreased range of motion (ROM). The plan includes Flector patch, physical therapy, Norco lab work and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3mg, #60:** Upheld

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

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

**Decision rationale:** This injured worker receives treatment for chronic L shoulder pain and a history of adhesive capsulitis. This dates back to the date of injury 07/27/2014. The patient had surgery and physical therapy for this. This request addresses a request for a topical analgesic, Flector 1.3 mg patch. Flector patches contain diclofenac, an NSAID. NSAIDs are not medically indicated to treat pain when applied topically. Studies show that any benefit is very short-lasting, less than 2 weeks. The documentation does not show evidence that using this form of treatment has provided a return to function or a reduction in requests for other analgesics. Flector is not medically indicated.