

Case Number:	CM14-0172726		
Date Assigned:	10/23/2014	Date of Injury:	12/18/2008
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year-old patient sustained an injury on 12/18/08 while employed by [REDACTED]. Request(s) under consideration include Flector 1.3% patch, QTY: 30. Diagnoses include s/p left shoulder arthroscopies in 7/2/10 and 1/17/11. Conservative care has included medications, physical therapy, multiple epidural steroid injections, and modified activities/rest. There is past medical history of diabetes and high cholesterol. Medication lists Tramadol/Acet, Carisoprodol, Losartan, Actos, Flector patch, Ibuprofen, Simvastatin, and Metformin. AME report of 6/29/11 had diagnoses of Grade I spondylolisthesis with superimposed lumbosacral strain and s/p left shoulder arthroscopy with glenohumeral debridement, partial labral resection, lysis of adhesions, and MUA. It was noted ROM was restored and rotator cuff remained normal. The patient was deemed P&S with future medical for anti-inflammatory medication for flares of pain along with home exercise program. Report of 1/21/14 from the provider noted ongoing chronic low back and shoulder pain. Exam showed lumbar spine with positive root stretch testing at 70 degrees on left; intact DTRs and motor strength in lower extremities; left shoulder with decreased range in abduction and flexion of 90 degrees. Follow-up report of 5/23/14 from the provider noted continued low back pain. Exam of lumbar spine showed full range with intact motor strength. Treatment recommendations included continuing medication Ultracet and Flector patch. The request(s) for Flector 1.3% patch, QTY: 30 was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic 2008 injury. There is no documented functional benefit from treatment already rendered nor demonstrated acute flare-up. The Flector 1.3% patch, QTY: 30 are not medically necessary and appropriate.