

<b>Case Number:</b>	CM13-0051817		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/24/1995
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 65 year old female, who sustained an industrial injury on 9/24/95. She has reported shoulder and elbow injury. The diagnoses have included shoulder degenerative joint disease, unspecified neuralgia, neuritis and radiculitis, lateral epicondylitis of elbow, general osteoarthritis and fibromyalgia/myositis. Treatment to date has included physical therapy and oral medications. Currently, the injured worker complains of bilateral shoulder and elbow pain. Physical exam dated 10/16/13 revealed depressed mood and tight trapezius muscles, bilateral shoulder pain with decreased range of motion and pain in elbows. On 10/23/13 Utilization Review non-certified Flector patch #60, noting the lack of taking oral and topical NSAIDS. The MTUS, ACOEM Guidelines, was cited. The injured worker submitted an application for IMR for review of Flector patch #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCH #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Flector Patch.

**Decision rationale:** Guidelines support use of topical NSAIDs as second line therapy in the treatment of osteoarthritis for 2-12 weeks if there is a contraindication to oral agents or a failure of oral NSAID therapy. In this case, the patient is already on oral NSAIDs. There is no indication to treat with both oral and topical NSAIDs due to the risk for GI adverse effects. The request for Flector Patches #60 is not medically necessary and appropriate.