

<b>Case Number:</b>	CM13-0016738		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/07/1983
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 physician 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:

The patient is a 65-year-old female who reported an injury on 10/07/1983. The patient's diagnoses are noted to include left foot bone spur at 3rd toe, bilateral F/E tenderness with carpal tunnel syndrome right greater than left, bilateral elbow epicondylitis, insomnia, and bilateral thumb osteoarthritis. The patient's medications were listed as Zanaflex, Ultram ER, Prilosec 20 mg, Flector patches, promethazine, Restoril, and Senna. A plan was noted for a continued home exercise program and medications

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines (ODG) state that Flector patches are not recommended as a first line treatment. It states that topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindication to oral NSAIDs, after considering the increased risk profile with Diclofenac, including topical formulations. It further

states that the Flector patch is FDA indicated for acute strains, sprains, and contusions. However, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac. Additionally, the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. The clinical information submitted for review did not give detailed documentation regarding the patient's medical history and whether she has tried and failed an oral NSAID prior to starting the Flector patch. It also was not noted as to whether the risks for side effects were discussed with the patient. With the absence of this documentation as required by the Guidelines, the request is not supported. Therefore, the request for Flector 1.3% patch #60 is non-certified.