

<b>Case Number:</b>	CM13-0023319		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/08/1999
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 47-year-old female who reported an injury on 11/08/1999 due to unknown mechanism. The injured worker was diagnosed with cervicalgia, postlaminectomy syndrome lumbar region, pain in joint multiple sides, trochanteric bursitis, unspecified myalgia and myositis, long term (current) use of other medications. Prior treatment includes home exercise, medications for pain, a caudal epidural steroid injection that produced reduction in pain greater than or equal to 70%, and a TENS unit for home use. The injured worker receives drug urine tests at each office visit. Results were not revealed in clinical notation. Surgical history includes a lumbar laminectomy on an unspecified date. On an examination on 07/29/20, the injured worker was noted to have failed low back surgery syndrome, major postsurgical complications including foot drop on the right and history of deep vein thrombosis, legs giving away frequently with neurologic issues, distal lower extremity edema which caused the injured worker to at times spend a day with bedrest with legs elevated. Injured worker complained of low back pain and lower extremity pain. The injured worker's activities of daily living were greatly reduced secondary to pain and she noted difficulty sleeping due to pain. Pain was rated 10/10 without medications and 5/10 with medications. Range of motion was decreased in the cervical spine with palpable knots in the left shoulder. Lumbar spine range of motion was limited secondary to pain. There was sciatic notch tenderness present bilaterally. Lying and sitting straight leg raise was positive bilaterally. There was decreased strength noted in the bilateral lower extremities. Deep tendon reflexes to the lower extremities were decreased but equal. The injured worker was prescribed Duragesic, OxyContin, oxycodone HCL, Zanaflex, Ambien, lorazepam, and Lexapro. The physician's treatment plan is to decrease pain, enhance sleep, improve mobility, improve self-care, increase activities of daily living, request a new TENS unit, continue with drug urine test, and seek trigger point injections and caudal epidural

steroid injections from the insurance company. The Request for Authorization Form and rationale were not provided with these documents.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FLECTOR PATCH 1.36 #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAID's, Voltaren Page(s): 111, 112.

**Decision rationale:** California MTUS Guidelines for topical NSAIDS note the efficacy and clinical trials of this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAID have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis but noted diminishing effect over the next 2 week period. NSAIDS have shown to be superior to placebo for 4 to 12 week treatments. Flector patch is a Voltaren product indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment including ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The physician wishes to prescribe this medication for pain; however, the topical NSAID is not recommended for neuropathic pain. The injured worker suffers from radiating pain in the lumbar traveling to the bottom of her lower extremities. The physician has not diagnosed the injured worker with osteoarthritis. The physician has not noted the application sites of this product or how often the patches should be changed. Efficacy of the medication has not been provided to support continuation. As such, the request is not medically necessary.