

<b>Case Number:</b>	CM13-0029607		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	07/30/2006
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Emergency Medicine 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 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:

Patient with date of injury of 7/30/2006. Mechanism reportedly from motor vehicle collision with other vehicle rear ending his truck. Diagnosis of R shoulder internal derangement, R cervical facet pain C4-5, C5-6 and C6-7, cervical arthropathy, rotator cuff tendonitis, cervical disc protrusion, stenosis, degenerative disease, and lumbar degenerative disc disease. Several reports by primary treating physician, [REDACTED] (Pain specialist) reviewed. Last appeal report available until 10/21/13 reviewed. Pt complaining of R low back pain radiating to R posterior thigh, R medial thigh and calf with numbness and tingling to feet. Pain worsened with sitting, standing, lifting, twisting and driving. Improved with medications and sleep. Objective exam shows neck, R shoulder, and lumbar with pain with range of motion (ROM) restriction and pain. Tenderness along cervical paraspinal muscles along C2-C7. Positive for cervical facet joint, lumbar discogenic, R provocative shoulder maneuver, R shoulder impingement sign, Neer's and Hawkin's sign. Muscle exam with normal except for 4/5 strength in R quadriceps, R tibialis anterior, R grip and R tricep. Sensation decrease in R medial thigh and medial calf. Appeal report by [REDACTED] on 10/21/13 states that Flector patch provides 30% improvement in shoulder pain with improvement of ROM and activities of daily living. Failed oral NSAIDs. MRI of cervical spine on 9/9/13 reports normal MRI with "trivial" bulging of C2-3, C3-4 and C6-7.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Flector patch is drug patch containing Diclofenac epolamine, a topical non-steroidal anti-inflammatory drug (NSAID). MTUS guidelines comment on topical NSAIDs and specifically topical Diclofenac. As per MTUS guidelines, topical analgesics have some evidence of efficacy vs. placebo but data is inconsistent. It is recommended for short term treatment and is only recommended for arthritic pain of the ankle, elbow, hand, knee and wrist or acute sprains or contusions. There is no evidence for its efficacy in spine, shoulder or hip arthritic pain. It is not recommended for neuropathic pain. As per MTUS guidelines, Flector patch is not recommended.