

<b>Case Number:</b>	CM13-0031397		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/25/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for left shoulder pain, low back pain, myofascial pain, and mid back pain reportedly associated with an industrial injury of August 23, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; prior left shoulder surgery; a cane; unspecified amounts of physical therapy; lumbar support; extensive periods of time off of work. It does appear that the applicant has retired from the workplace, however, for unspecified reasons. In a utilization review report of September 7, 2013, the claims administrator denied the request for topical Flector patches. The applicant's attorney later appealed. An earlier progress note on May 21, 2013, is notable for comments that the applicant was issued refills of tramadol and Flector patches. Operating diagnoses included shoulder impingement syndrome, cervical stenosis, history of left shoulder distal clavicle excision, thoracic and lumbar myofascial pain, and lumbar disc protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Flector transderm 1.3%:** Upheld

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

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

**Decision rationale:** Flector is a topical Voltaren or diclofenac derivative. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Flector or topical Voltaren is indicated for arthritis relief in small joints which lend themselves toward topical application, including the ankle, elbow, foot, hand, knee, and wrist. Topical Flector derivatives are not specifically endorsed or recommended in the treatment of shoulder, back, or myofascial pain, all of which are reportedly present here. The applicant has pain in multiple areas which are not necessarily amenable to topical application. Therefore, the original utilization review decision is upheld. The request is not certified.