

<b>Case Number:</b>	CM13-0054052		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/21/2000
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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 injured worker who reported an injury on 08/21/2000. The mechanism of injury was pulling a pallet jack. The note dated for 09/06/2013, patient indicated that her pain was first in the thoracic spine although it had moved down into the low back. She rated the pain at a 7/10 in the shoulders; however, it had improved with medication, ice, and the TENS unit, and worsened with repetitive movements of the arm. Upon examination of the thoracic spine, pain was exacerbated with flexion and extension that radiated into the low back. There was more pain on extension than flexion. There was a slightly kyphotic stance and gait. Diagnoses provided were shoulder sprain/strain, adhesive capsulitis of the shoulder, shoulder pain, shoulder impingement, cervical radiculopathy, and chronic pain syndrome. The note indicated that the patient was started on Nexium on this visit date. The other medications noted were hydrochlorothiazide 25 mg daily, Flector patch 180 mg 1 to the skin twice a day as needed, Celebrex 100 mg daily as needed, and Cyclo Gaba cream to sensitive area up to 2 times daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Flector Patch (180 mg diclofenac) one to skin changing twice daily for superficial inflammatory pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS Guidelines recommend the use of topical NSAIDS for patients with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short term use 4 to 12 weeks. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. In addition, the Official Disability Guidelines further state, Flector patches are not recommended as a first line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Topical NSAIDS may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness. The records provided for review failed to indicate the length of time the patient had been using the Flector patch, the area of the body the patch was being placed on, and failure of other oral NSAIDS or contraindications to oral NSAIDS. As such, the records provided for review failed to indicate documentation to support the Flector patch use. The request for Flector patch 180 mg diclofenac 1 to skin changing twice daily for superficial inflammatory pain is not medically necessary and appropriate.