

<b>Case Number:</b>	CM13-0060965		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 chronic shoulder pain, carpal tunnel syndrome, and depression reportedly associated with an industrial injury of September 14, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical patches; psychotropic medication; a gym membership; and a functional restoration program. In a utilization review report of November 27, 2013, the claims administrator approved a request for Cymbalta and Protonix while denying Flector patches. The applicant's attorney subsequently appealed. An earlier progress note of November 14, 2013 is notable for comments that the applicant is sleeping fairly. The applicant reports 2/10 pain. The applicant reports persistent shoulder pain, headaches, and neck pain. The applicant is using Protonix, Cymbalta, Flector, Motrin, and Tylenol. The applicant states that she has exhausted sample supplies of Flector and would like to continue the same. Her BMI is 30, it is incidentally noted

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCHES #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

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

**Decision rationale:** Flector is a derivative of topical diclofenac (Voltaren). As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac or Voltaren is indicated in the relief of arthritis pain in joints which lend themselves towards topical treatment, such as the ankle, elbow, foot, hand, knee, and/or wrist. In this case, however, the employee is complaining of shoulder and neck pain. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines states that Voltaren or diclofenac (aka Flector) has not been evaluated for treatment of issues related to the spine or shoulder, as are present here. It is further noted that the employee's seeming successful usage of various oral agents including Cymbalta, ibuprofen, Tylenol, etc., effectively obviates the need for the topical Flector agent. Therefore, the request for Flector is not certified, on Independent Medical Review.