

<b>Case Number:</b>	CM14-0010428		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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:

This is a 68-year-old male patient with a 10/30/09 date of injury. 12/18/13 progress report indicates a persistent neck and shoulder pain. Physical exam demonstrates grossly restricted bilateral shoulder range of motion, worse on the left side, lateral neck tenderness. A prescription for Flector patch was refilled without assessment of prior efficacy. Treatment to date has included injections, psychology, physical therapy and medications. 11/14/13 progress report indicated similar findings, and a prescription for Flector patch was refilled without assessment of previous efficacy. 10/2/13 progress report indicates similar findings; a prescription for flexor patches was refilled without assessment of previous efficacy. 8/6/13 progress report indicated similar findings, and a prescription for Flector patches was refilled. Similar prescriptions for Flector patches were refilled on 12/18/13, 7/8/13, 6/10/13, 5/8/13, 4/1/13, 3/6/13. Flector patches were first prescribed on 2/6/13 for superficial inflammatory pain when the patient stopped Methadone and Duragesic patches. There is documentation of a previous 1/16/14 adverse determination for undocumented reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCH (DICLOFENAC 180MG) #30 X 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical NSAIDs.

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. However, over the course of almost an entire year since first being prescribed Flector patches on 2/6/13, the patient's response to Flector patches was never adequately assessed. There are numerous concurrent oral medications, and differential diagnostic assessment of response would have been difficult to assess. There is no evidence that the patient's complaints were primarily osteoarthritic in nature, and FDA indications include acute sprains, strains and contusions only. Even with osteoarthritic, Flector patch treatment is not recommended beyond a two week period. Therefore, the request for flector patch (diclofenac 180mg) #30 times five refills is not medically necessary.