

<b>Case Number:</b>	CM14-0116316		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 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 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:

The patient is a 51-year-old female who has submitted a claim for lumbago associated with an industrial injury date of 05/19/2009. Medical records from 2011 to 2014 were reviewed and showed that patient had ongoing low back pain and bilateral leg pain. Physical examination of the lumbar spine revealed limited range of motion. Tenderness is noted at L3 through S1, left greater than the right. Treatment to date has included medications, use of TENS unit and physical therapy. Utilization review, dated 07/21/2014, denied the requests for Flector patches 1.3% #30 and Voltaren gel 1% 100g #3 because there was no indication that the patient has neuropathic pain and has tried and failed other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1.3% #30:** 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 Topical analgesics Page(s): 112.

**Decision rationale:** Page 112 of CA MTUS Chronic Pain Medical Treatment Guidelines states that diclofenac is indicated for relief of osteoarthritis, however, it has not been evaluated for

treatment of the spine, hip, or shoulder. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. It is FDA recommended for acute sprain, strains and contusions. In this case, the patient complains of chronic low back pain. The medical records did not mention that patient was prescribed with Flector patches before this request. However, guidelines do not support its use for the spine. Also, there is no documentation of failure of oral NSAIDs warranting the use of Flector patches. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Flector patches 1.3% #30 is not medically necessary.

**Votaren gel 1% 100g #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 Topical analgesics Page(s): 112.

**Decision rationale:** Page 112 of CA MTUS Chronic Pain Medical Treatment Guidelines states that diclofenac is indicated for relief of osteoarthritis, however, it has not been evaluated for treatment of the spine, hip, or shoulder. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. It is FDA recommended for acute sprain, strains and contusions. In this case, the patient complains of chronic low back pain. The medical records did not mention that patient was prescribed with Voltaren before this request. However, guidelines do not support its use for the spine. Also, there is no documentation of failure of oral NSAIDs warranting the use of Voltaren. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Voltaren gel 1% 100g #3 is not medically necessary.