

<b>Case Number:</b>	CM14-0143440		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/28/1998
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61-year-old woman who sustained a work-related injury on April 28, 1998. Subsequently, he developed chronic neck and back pain. According to a progress report dated August 19, 2014, the patient continued to have chronic neck pain. The patient reported increased neck and shoulder pain radiating to her arms bilaterally with numbness and tingling and weakness. The patient reported increased back pain radiating to both lower extremities. Her pain severity was rated 7/10. The patient was treated with topical analgesics and narcotics. Examination demonstrated the cervical and lumbar tenderness to with the positive straight leg raise, bilateral cervical and lumbar spasm and reduced sensation in the left lower extremity. The provider requests authorization to continue topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for Flector/Diclofenac Transdermal 1.3% Patch #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Flector/Diclofenac is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. There is no controlled studies supporting the use of topical NSAID for the long term treatment of osteoarthritis or chronic neck and back pain. Based on the patient's records, the prescription of Flector/Diclofenac Transdermal 1.3% Patch #30 is not medically necessary.