

<b>Case Number:</b>	CM14-0182111		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	09/26/2007
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 9/26/07. A utilization review determination dated 10/10/14 recommended non-certification for the requested flector patch 1.3% # 6 stating that that topical analgesics are largely experimental at this point and not FDA approved for topical application, they are also primarily used for neuropathic pain. A progress report dated 9/22/14 indicates the patient presents for follow up left shoulder and right wrist pain. She rates her pain at a 9/10 at its worst and a 4/10 at its best. She describes her pain as constant, lasting throughout the day and being exacerbated by lying down, moving from sitting to standing, and walking. She reports the pain is relieved by medications and acupuncture. She describes pain as numbness and tingling with spasms, fatigue, swelling, locking of the knee, weakness and shaking. Objective findings indicate decreased range of motion of the left shoulder with flexion at 125 degrees and 155 to the right, abduction of the left is 125 degrees and right is 155 degrees. A positive Hawkins test in noted bilaterally and positive Speeds test. Diagnoses include Myofascial pain/myositis, Cervicobrachial syndrome, Thoracic outlet syndrome, and lateral epicondylitis. Treatment plan indicates that the patient is to use the Flector patch as needed, continue to use self-directed at home exercise program, and she is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flecor Patch 1.3% apply to affected area every 12 hours PRN # 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector® patch (diclofenac epolamine)

**Decision rationale:** Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. In the absence of such documentation, the currently requested Flector Patch is not medically necessary.