

<b>Case Number:</b>	CM14-0185939		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 24, 2012. The applicant has been treated with the following: Analgesic medications; topical agents; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and work restrictions. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for topical Flector patches. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had completed recent acupuncture. Chiropractic manipulative therapy was sought. 5/10 pain was reported. The applicant was on naproxen, Prilosec, Colace, Biofreeze gel, Flector patches, and tramadol, it was acknowledged. Both oral naproxen and Flector patches were renewed, as was Biofreeze gel. The applicant was asked to continue all of the other medications, including Prilosec, tramadol, and Colace. The applicant was asked to follow up in four to six weeks. A rather proscriptive 10-pound lifting limitation was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3%, QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

**Decision rationale:** Flector is a derivative of topical diclofenac-Voltaren. However, as noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical/Voltaren "has not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which topical diclofenac/Voltaren/Flector has not been evaluated. The attending provider's progress notes did not contain any applicant-specific rationale or medical evidence which would augment the tepid-to-unfavorable MTUS position on the article at issue. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including naproxen, tramadol, etc., would seemingly obviate the need for the Flector patches at issue. Therefore, the request was not medically necessary.