

<b>Case Number:</b>	CM14-0020436		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Texas 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 injured worker is a 72 year old female whose date of injury is 11/01/2004. The mechanism of injury is not described, but the injured worker is diagnosed with lumbago/low back pain and myofascial pain. There is no comprehensive history of treatment to date, but the injured worker is noted previously to have participated in aquatic therapy. The injured worker reportedly improved with therapy, but no objective evidence of functional improvement with pool therapy was documented. Most recent progress report is dated 06/26/14 and indicates that the injured worker's pain remains high without Flector. She uses Advil 2-3 three times a day. No detailed physical examination/objective findings were provided. The records do not include evidence of the effectiveness of previous use of Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INDEPENDENT POOL SESSIONS, 2 TIMES A WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The injured worker has had prior aquatic/pool therapy which reportedly provided benefit, but no documentation was submitted of objective functional improvement in response to treatment. There is no comprehensive history of treatment to date including the number of pool therapy sessions completed, modalities used, and response to treatment. There is no detailed physical examination including assessment of range of motion, and no neurologic evaluation of motor, sensory and reflex functions. The records do not demonstrate that the injured worker is unable to weight-bear, or that she otherwise is not capable of independently performing a home exercise program. Therefore, given the current clinical data, the request for independent pool sessions, 2 times a week for 6 weeks is not medically necessary and appropriate.

**FLECTOR PATCH, FOUR DAILY QUANTITY: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): pages 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector® patch (diclofenac epolamine).

**Decision rationale:** The request for Flector patches four daily is not supported as medically necessary. The submitted records do not indicate that the injured worker has exhausted other forms of conservative treatment. Further, there is no data establishing that Flector has any substantive benefit after the acute phase of injury. In the absence of more detailed clinical data the request is not supported under the California Medical Treatment Utilization Schedule. Therefore, the request for Flector Patch, Four Daily Quantity: 1 is not medically necessary and appropriate.