

<b>Case Number:</b>	CM14-0027704		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and 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 Physician 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 35 year old female injured on 02/12/13 due to a repetitive strain injury of the cervical spine. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Current diagnoses included cervical radiculopathy, neck pain, and cervical strain. Recent documentation indicated the patient undergoing right sided diagnostic cervical medial branch block, cervical epidural steroid injections without pain relief, physical therapy, chiropractic treatment, acupuncture, medication management, and psychotherapy. The patient recently received cervical traction for home use. Clinical documentation indicated that the patient reported neck pain had increased since the previous visit, quality of sleep was poor, activity level had decreased, and she had self-discontinued Skelaxin due to lack of effectiveness. The patient also reported muscle increase in spasms. Current medications included Norco 10/325mg, Celebrex 100mg, Lidoderm patch 5%, Zanaflex, and Flector patches. Clinical documentation indicated the current regimen optimized function and activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 FLECTOR 1.3% PATCHES BETWEEN 2/25/2014 AND 4/11/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SECTION PAIN (CHRONIC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION PHYSICAL MEDICINE Page(s): 112.

**Decision rationale:** As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The employee complains of cervical spine pain. As such, the request for 30 Flector 1.3% Patches between 2/25/2014 and 4/11/2014 cannot be recommended as medically necessary.