

<b>Case Number:</b>	CM14-0027911		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/04/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Minnesota. 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 63-year-old female with a reported date of injury on 12/04/2008. The injured worker presented with low back pain rated at 7/10. The injured worker denied shoulder pain and the physician indicated she was participating in home stretching exercises. Upon physical examination, the injured worker's right shoulder range of motion revealed full range of motion without tenderness. The lumbar spine examination revealed full range of motion with tenderness on flexion to 60 degrees. Right shoulder pain is rated at 4/10. According to the clinical note dated 08/09/2013, the injured worker underwent laboratory work done on 06/26/2013, which revealed no liver or kidney disease. In addition, in the clinical note dated 04/04/2014, the physician indicated the injured worker was not participating in physical therapy or in psychotherapy. The injured worker's diagnoses included status post lumbar spine surgery with persistent pain and right greater than left sciatica, history of abnormal liver tests, per injured worker, and history of gastritis due to medications. The injured worker's medication regimen included Naproxen, Tramadol, Flector patches and topical cream. The Request for Authorization for Flector patch was submitted on 03/03/2014. The rationale for the request was not provided within the clinical information available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antinflammatory agents (NSAIDs) Page(s): 111.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are recommended as an option as indicated. Although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the guidelines state that nonsteroidal anti-inflammatory agents effectiveness in clinical trials has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2 week period. In addition, Diclofenac is indicated for relief of osteoarthritis pain and 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. Flector patches contain 1.3% Diclofenac. In addition, according to the clinical documentation provided, the injured worker's pain is in the lumbar spine. The Diclofenac is not indicated for treatment of the spine. According to the clinical information provided for review, the injured worker has been utilizing Diclofenac cream since 08/09/2013. There is a lack of documentation related to the therapeutic effect of the continued use. In addition, the request as submitted failed to provide dose, frequency, and the specific site at which the patch was to be utilized. The guidelines state that Diclofenac is not indicated for treatment of the spine. The request also lacks the number of patches requested. Therefore, the request for Flector Patch is not medically necessary and appropriate.