

<b>Case Number:</b>	CM14-0030219		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/12/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Emergency 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 patient had a reported date of injury on 9/12/2005. There were no mechanism of injury was provided for review. The patient has a diagnosis of lumbar spine sprain/strain, lumbar spine degenerative disc disease, post laminectomy syndrome and mood disorder. The medical reports were reviewed and the last report reviewed was until 3/5/14. Some of the additional reports were up until 6/25/14 was sent for review. These reports were not reviewed unless they directly pertain to the original request since prospective information does not retrospectively change the criteria used for IMR as per MTUS guidelines. The patient complains of low back pain and right shoulder pain. The pain is 4/10 and has difficulty sleeping. The objective exam reveals obesity, slow gait. There is tenderness to low back with surgical scars and a decreased range of motion. There is a positive FABER test. The right right shoulder has restricted motion. There were no imaging or electrodiagnostic reports were sent for review. The medication list included Lidoderm patch, Kadian, Amitiza, Zanaflex, Trazadone and Gabapentin. The patient has reportedly completed physical therapy. The Independent Medical Review is for Flector patch 1.3% #15. The prior UR on 2/4/14 recommended denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS Chronic Pain Guidelines Topical Analgesics such as Flector (Diclofenac epolamine) have poor evidence to support its use but may have some benefit. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's may be using Flector on the shoulder and lower back but as per MTUS Guidelines, the use of Flector patches for patient's pain is not supported by evidence and is not medically necessary.