

<b>Case Number:</b>	CM14-0071259		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/20/2007
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 and Pain 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 50 year old female injured on 08/20/07 while utilizing a ceiling hook stimulator resulting in injury to hip and low back. Current diagnoses included post-laminectomy syndrome and opioid dependence. Prior treatments included epidural steroid injections, trigger point injections, physical therapy, acupuncture treatment, and transcutaneous electrical nerve stimulation (TENS) unit therapy. Clinical note dated 05/19/14 indicated the injured worker presented complaining of left low back and left hip pain radiating to left lower extremity with associated numbness and weakness in the left leg and foot. The injured worker rated pain at 8/10 in severity. Physical examination revealed decreased lumbar spine range of motion, tenderness to palpation over bilateral lumbar paraspinal muscles consistent with spasm, increased pain with piriformis stretching, positive lumbar facet loading maneuver bilaterally, negative straight leg raise bilaterally, positive Patrick test, positive tenderness to palpation over greater trochanter on the left consistent with trochanteric bursitis, 5/5 motor strength to bilateral lower extremities, diminished sensation in left L5 and S1 dermatomes, and reflexes symmetric at 1/4 in bilateral lower extremities. Current medications included gabapentin 600mg three times daily, Butrans patch 10mcg/hour every week, and Flector patch 1.3%. The initial request for Flector 1.3% patch #60 was non-certified on 05/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector® patch (diclofenac epolamine).

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such the request for Flector 1.3% patch #60 cannot be recommended as medically necessary at this time.