

<b>Case Number:</b>	CM14-0073338		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 38-year-old individual was reportedly injured on February 27, 2014. The mechanism of injury was noted as a motor vehicle collision. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of neck pain, fibromyositis, inner ear injury and disorder of breast implant. The physical examination demonstrated a well-developed individual in mild level of distress. The muscular skeletal system noted a normal gait pattern. The cervical spine was abnormal as the head was made forward by the help of the physician, and multiple pain behaviors were noted. Diagnostic imaging studies were not reported. Previous treatment included breast implants (removal and insertion), wrist surgery, and multiple medications. A request had been made for Flector and was not certified in the pre-authorization process on May 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flector 1.3% patch #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** MTUS guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The claimant suffers from low back and hip pains. There is no indication for this medication and the request is not considered medically necessary.