

<b>Case Number:</b>	CM14-0185967		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/15/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female who sustained an industrial injury on 06/15/2008. Diagnoses include elbow pain, shoulder pain and hand pain. Treatment to date has included diagnostics, medications, and home exercise program and previous physical therapy. A physician progress note dated 10/08/2014 documents the injured worker complains of neck pain radiating down her right arm. Level of pain has increased since the last visit. Her quality of sleep is poor. Her cervical spine range of motion is restricted. On examination, paravertebral muscles reveal spasm, tenderness and trigger point on the right side. Tenderness is noted at the paracervical muscle and trapezius. Trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscle on the right and left trapezius muscle right. She has movement restriction of the right shoulder. Hawkins test is positive. Range of motion of the right elbow and wrist is restricted with limitation due to pain. There is no pain on palpation. Magnetic Resonance Imaging revealed a 4mm herniated disc at C5-6 and degenerative disc disease. Magnetic Resonance Imaging of the lumbar spine revealed a 3.5 disc protrusion at L4-5 with mild thecal sac indentation and disc dehydration. There is also degenerative disc disease at L5-S1 with a broad based disc bulge. Treatment requested is for Flector 1.3% Patch #30. On 10/17/2014 Utilization Review non-certified the request for Flector 1.3% Patch #30 and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Guidelines Medical Treatment Guidelines, and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector Patch (Diclofenac Epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines chapter Pain and Topic Flector patch.

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulder, lower back and upper/lower extremity. The request is for FLECTOR 1.3% PATCH #30. The patient is currently not working. Per 10/08/14 progress report, the lists of diagnoses include elbow and hand pain. Regarding topical NSAIDs, MTUS Topical Analgesics, pages 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." In this case, this patient appears to have not tried Flector patch in the past. The provider does not mention how this topical is to be used. MTUS only supports a short-term use and the provider does not indicate that it is to be used for short-term only. The request for Flector 1.3% Patch #30 is not medically necessary.