

<b>Case Number:</b>	CM14-0186939		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Occupational 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:

This is a 54-year-old male with a 1/20/11 date of injury. The patient underwent a cervical fusion and right shoulder arthroscopy in the past. The patient was seen on 10/3/14 with complaints of abdominal pain, back pain shoulder pain and neck pain. The patient also reported recent suicide attempt. Exam findings revealed that the patient was alert and oriented x3 and that there was limited range of motion and strength in the right shoulder. The patient has been noted to be on: Oxycontin, Hydromorphone, Voltaren Gel, Nexium, Zofran, Xanax, Lidoderm patch and Flector patch. The diagnosis is thoracolumbar radiculopathy, postlaminectomy syndrome, lumbar spondylosis and status post right shoulder arthroscopy. Treatment to date: cervical fusion, right shoulder arthroscopy, medial branch blocks, work restrictions, TENS unit and medications. An adverse determination was received on 10/10/14 for a lack of documentation indicating objective evidence of an acute strain/sprain or contusion and that the patient failed to respond to first-line oral NSAIDs therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1.3% #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch (Diclofenac epotamine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector patch and on the FDA (Flector Patch)

**Decision rationale:** CA MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. However, there is a lack of documentation indicating that the patient was not able to tolerate oral NSAIDs and objective functional gains from prior use of Flector patch were not available for the review. In addition, the patient was noted to be on Lidoderm patch and there is no rationale with regards to the necessity for an additional transdermal patch for the patient. Therefore, the request for Flector DIS 1.3% #60 with 1 refill is not medically necessary.