

<b>Case Number:</b>	CM14-0188647		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal 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 case involves a 46 year old female injured worker who sustained an injury on 06/10/2008. Pursuant to the Pain Management follow-up note dated October 15, 2014, the injured worker reports over the last couple months the pain has overall gotten worse. She is inquiring about stellate ganglion blocks. She is attempting to remain active, but finds it difficult. She reports allodynia throughout the upper extremities and intermittent edema throughout the upper extremities. Physical exam reveals tenderness to palpation over the thoracic spine. She presents with trigger points throughout the trapezii muscle groups. Left trapezius is almost allodynia to palpation with significant increased tone. Current medications include Wellbutrin 150mg, Tramadol 50mg, Amitriptyline 75mg, Flector patch as needed, Voltaren gel, and Lidoderm patch. The treatment plan recommendations are to continue with current medication regimen. According to documentation, the injured worker has been taking/using the above medications since at least July 3 2014. The current request is for Flector patch 1.3% #60. There were no pain assessments or objective functional improvement associated with the request for Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector Patch (Diclofenac Epolamine), (updated 10/06/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Flector patches 1.3% #60 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector patch is indicated for acute strains, sprains and contusions. In this case, this patch was first prescribed or was refilled in a July 3, 2014 progress note. It is unclear from the documentation whether this was a refill or the first prescription. The most recent progress note does not denote any diagnoses. The subjective complaints indicate the injured worker is being treated for "allodynia of the upper extremities". Flector is indicated for acute strains, sprains and contusions. There is no documentation of acute strains, sprains or contusions. Therefore, the request for Flector patches 1.3% # 60 is not medically necessary.