

<b>Case Number:</b>	CM14-0195771		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 15, 2002. In a Utilization Review Report dated November 3, 2014, the claims administrator denied a request for topical Flector patches, citing a progress note of August 11, 2014. The claims administrator did suggest that the applicant was concurrently using oral Cymbalta, oral Mobic, and oral gabapentin. The applicant's attorney subsequently appealed. In a June 21, 2012 progress note, the applicant was using topical diclofenac patches as earlier as a progress note of June 21, 2012. The applicant's primary complaints, at that point, were low back and right hip pain. The applicant was also using Cymbalta, meloxicam, Norco, Feldene, Flexeril, and Lidoderm, it was suggested. The applicant's work status was not clearly outlined. On February 4, 2014, the applicant was again having persistent complaints of low back and hip pain. The applicant requested that the attending provider furnish a handicap placard, which was apparently filled out. The applicant stated diagnosis would include lumbar radiculopathy, lower extremity paresthesias, and strain of lumbar region. Flector, Cymbalta, Mobic, Neurontin, Prilosec, and aspirin were endorsed. The applicant's work status, once again, was not clearly outlined. On August 11, 2014, the applicant again presented with primary complaints of hip and low back pain. The applicant again requested a handicap placard, which was apparently endorsed. Flector patches, Cymbalta, Mobic, and Neurontin were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section Page(s): 112.

**Decision rationale:** Topical Flector is a derivative of diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Treatment Guidelines notes that topical diclofenac/Voltaren has "not been evaluated" for treatment of the spine, hip, and/or shoulder. The applicant's primary pain generators are, in fact, the low back and right hip, body parts for which topical diclofenac or Flector/Voltaren have not been evaluated. In this case, it is further noted that the applicant's ongoing usage of Mobic, Neurontin, Cymbalta, etc., effectively obviated the need for the Flector patches at issue. Therefore, the request is not medically necessary.