

<b>Case Number:</b>	CM14-0197550		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Family Practice 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 61 years old male patient who sustained an injury on 2/18/2013. He sustained the injury while pulling dough up from a tub with his right arm. The current diagnoses include lumbago, cervicgia, right rotator cuff tear and right shoulder AC joint arthrosis with impingement. Per the doctor's note dated 11/6/2014, he had complaints of lumbar spine pain and right shoulder pain. The physical examination revealed right Shoulder: slight atrophy of the right deltoid and biceps, passive range of motion- forward flexion of 130, abduction to 110, external rotation 60, internal rotation 60 degrees with very little pain, muscle strength testing with forward flexion and abduction 4.5/5; cervical Spine: forward flexion chin to chest 1 inch, extension 45, rotation to the left and the right 50, lateral bending to the left/right 50 degrees, minimal amount of pain with palpation through the paracervical muscles, exquisite pain with palpation at the right trapezius with trigger points identified at both trapezius muscles, no pain at the medial scapular borders; lumbar Spine: para lumbar muscles tenderness, spasm, and guarding, straight leg raising- discomfort of the right, negative on the left, decreased sensation along the tibia and the dorsal aspect of his foot, his great toe, and his third toe, knee flexion/extension 4/5, DTR's of lower extremities 1+/1+ at L4/S1, forward flexion hands to the floor 1 foot, extension 20, lateral bending to the left/right 20 degrees with pain. The medications list includes Norco, meloxicam and colace. He has had lumbar MRI dated 11/6/2013 which revealed multilevel degenerative disc disease; EMG dated 1/14/14 which revealed L5-S1 radiculopathy; MR arthrogram right shoulder dated 5/27/14 which revealed no full thickness rotator cuff tear or retraction. He had undergone right arthroscopic surgery for debridement of Buford's complex, subacromial decompression and synovectomy on 12/09/13. He has had physical therapy visits for this injury. He has had L4-5, L5-S1 ESI on 08/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3 Percent #30:** 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 Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Chapter: Pain (updated 12/31/14) Flector® patch (diclofenac epolamine)

**Decision rationale:** Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, according to the ODG guidelines, flector patch is "Not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Post marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver." The medical necessity of Flector Patch 1.3 Percent #30 is not fully established for this patient at this juncture.