

<b>Case Number:</b>	CM14-0204919		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/06/1994
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & Pain 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:

68y/o male injured worker with date of injury 10/6/94 with related shoulder, leg, and low back pain. Per progress report dated 11/7/14, the injured worker reported left upper back, left shoulder, left hip, and left lower leg pain rated at 6/10. There was associated numbness in the lower left lateral leg and plantar aspect of the left foot. Per physical exam, there was pain at the tip of the left scapula with right axial rotation of the cervical spine. Left shoulder range of motion was normal with resistance at end range due to pain at the left scapular tip. There was pain in the dorsal thorax on the left, medial to the left inferior angle of the scapula and adjacent to the spinous process over the left sided facet joints at the level of the left inferior scapular angle. There was diffuse tenderness bilaterally in the lumbar region, most notably on the left at adjacent to the spinous processes over the lower facets. There was pain with right thoracic axial rotation and limited extension with pain. There was limited lumbar range of motion and extension and bilateral rotation with pain in the left dorsal thorax and in the left lumbosacral region and buttock. The patellar reflexes were 1+ bilaterally, and the Achilles reflexes were absent. Treatment to date has included physical therapy, and medication management. The date of UR decision was 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1.3%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

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

**Decision rationale:** Flector patches contain diclofenac, a non-steroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review do not denote any indications for the request. Furthermore, it is recommended for short term use. Given the injured worker's date of injury over twenty years ago, the request is not medically necessary.