

<b>Case Number:</b>	CM14-0048981		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/10/2002
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 21, 2014. In a Utilization Review report dated April 10, 2002, the claims administrator failed to approve a request for Flector patches. The claims administrator referenced an RFA form received on March 12, 2014 and an associated progress note dated February 28, 2014 in its determination. The applicant's attorney subsequently appealed. On said February 28, 2014 office visit, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, increased since the preceding visit. The applicant's medications included Klonopin, senna, AndroGel, OxyContin, Lunesta, Norco, Flector, Adderall, BuSpar, and Prozac, it was reported. Multiple medications were renewed, including the Flector patches at issue. The applicant was not working with permanent limitations in place, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% QTY:60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
 Decision based on Non-MTUS Citation Broadspire's Physician Advisory Criteria (PAC):  
 Pharmacology Criteria: Drug Guidelines; Goodman and Gilman's The Pharmacological Basis of

Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed.; www.RxList.com; ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator- AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectos.wa.gov.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac/topical Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren/Flector has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren/Flector/diclofenac has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.