

<b>Case Number:</b>	CM15-0008277		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker (IW) is a 66 year old female who sustained an industrial injury on 10/03/2009. She has reported lower back pain with radicular symptoms. Diagnoses include lumbar post-laminectomy syndrome with bilateral lower extremity radiculopathy. Treatments to date include the medications of Norco, Fosamax, Cymbalta, Anaprox, Neurontin, Flector patch, Lidoderm 5% and Zanaflex. According to the peer review notes of 12/23/2014, the Injured Worker had tenderness to palpation in the posterior cervical musculature and sub occipital region. She complained of pain with limited extension. Sensation was decreased on the lateral arm and forearm as well as the 2nd 3rd and 4th digits bilaterally, right greater than left, and a palpation of the lumbar musculature revealed tenderness posterior lumbar musculature and sciatic notch region right greater than left. Tenderness was noted in the right ankle from a fall experienced when her left leg gave out. The treatment plan was for continuation of medications as described above, and consideration was made for a permanent implantation of the lumbar spinal cord stimulator. On 12/30/2014 Utilization Review non-certified requests for Flector DIS 1.3% day supplies: 30 Qty: 60. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1.3% day supply: 30 Qty: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**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, Compound creams.

**Decision rationale:** Flector contains 1.3% Diclofenac, which is a NSAID and can be delivered in a patch and also can come in a gel format. MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. As such, the request for Flector DIS 1.3% day supply: 30 Qty: 60 is not medically necessary.