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| <b>Case Number:</b>   | CM15-0107523 |                              |            |
| <b>Date Assigned:</b> | 06/12/2015   | <b>Date of Injury:</b>       | 06/03/2011 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/04/2015 |

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 is a 42 year old male who sustained an industrial injury on June 3, 2011. He has reported pain in his back and leg and has been diagnosed with status post November 2013 L5-S1 discectomy and laminectomy for L5-S1 mm disc extrusion with annular fissure compressing the left S1 nerve root with left S1 chronic radiculopathy and L4-5 and L5-S1 facet arthropathy with facet syndrome. Treatment has included modified work duty, physical therapy, medical imaging, medications, and surgery. The injured worker stands with the right iliac crest higher than the left. Lumbar flexion was at 70 degrees, extension was at 20 degrees eliciting low back pain. Side bend bilaterally was 20 degrees, rotation with extension to the right was 20 degrees and to the left was 20 degrees and elicits sharp left low back pain. He was tender to palpation over L4-5 and L5-S1 as well as the bilateral paraspinals and left S1 joint. The treatment request included Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% #60 x 3 refills:** Upheld

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

**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:** MTUS and ODG recommend 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." Voltaren (diclofenac) (recommended for OA), MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "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. Additionally, the records indicate that the treatment area would be for the lower back for which this medication has not been indicated. As such, the request for Flector patch 1.3% #60 x 3 refills is not medically necessary.