

<b>Case Number:</b>	CM15-0131209		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California  
Certification(s)/Specialty: Emergency 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:

This 45 year old male sustained an industrial injury on 1/28/08. He subsequently reported back pain. Diagnoses include lumbar facet syndrome, lumbar spondylosis and lumbar radiculopathy. Treatments to date include MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience right ankle low back pain. Upon examination, right sided antalgic gait was noted. Lumbar facet loading is positive on both sides and straight leg raising test is positive on the right. A request for Flector 1.3% patch, quantity: 30 date of service 6/30/15 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch, quantity: 30 date of service 6/30/15:** 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 rationale:** As per MTUS Chronic Pain Guidelines topical analgesics such as Flector (Diclofenac epolamine) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Documentation states that this is to be used for the back which is not an area shown to be effective. Patient has been using this for several months with subjective claim of improvement. Due to usage of this medication is wrong area and lack of documentation of efficacy, flector is not medically necessary.