

<b>Case Number:</b>	CM15-0132002		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/17/2011
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<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: New York

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:

The injured worker is a 42 year old female who sustained an industrial injury on 10/17/2011. The mechanism of injury is injury from getting her foot stuck in a hole, causing her to fall. The current diagnoses are chronic right hip pain, status post arthroscopic surgery times two. According to the progress report dated 4/15/2015, the injured worker complains of persistent pain in the right anterior hip, groin, and buttock. She notes that her leg feels stiff and tight. The level of pain is not rated. The physical examination reveals tenderness over the iliotibial band, five degree flexion contracture, tight iliotibial band, and slightly tight hamstring with popliteal angles of 35 degrees on the right as compared to 20 degrees on the left. The current medication list is not available for review. It is unclear when the requested Flector patch was originally prescribed. Treatment to date has included x-rays, medication management, physical therapy, home exercise program, MRI studies, injection, and surgical intervention. She is working, remaining active as best she can. A request for Flector topical patch has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% topical patch #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The guidelines support topical NSAIDs for 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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. In this case, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. In addition, the guidelines note there is little evidence to support the use of topical NSAIDs for application to the hip. Furthermore, the submitted medical records failed to provide documentation of a diagnosis of osteoarthritis and/or tendinitis that would support the use of topical NSAIDs. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Flector topical patch is not medically necessary.