

<b>Case Number:</b>	CM15-0147786		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old female, who sustained an industrial injury on May 12, 2014. She reported an injury to her right elbow. Treatment to date has included platelet rich plasma injection, topical pain patch, modified work duties and orthotics. Currently, the injured worker reports somewhat improved right lateral elbow pain following steroid injections. She complains of increased left lateral elbow pain. On physical examination the injured worker's right elbow reveals improved tenderness to palpation over the lateral epicondyle and she has full active range of motion of the right elbow, wrist and hand. Her left elbow reveals focal pain and swelling over the extensor conjoint tendon. The diagnoses associated with the request include bilateral lateral elbow epicondylitis. The treatment plan includes Flector patch 1.3% and modified work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches 1.3% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**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 (chronic) Flector® patch (diclofenac epolamine) and Other Medical Treatment Guidelines <https://www1.pfizerpro.com/hcp/flectorpatch>.

**Decision rationale:** Flector patches 1.3% #30 is not medically necessary per the MTUS guidelines; the ODG; and an online review of this medication. A review online of this medication indicates that Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac that is indicated for acute musculoskeletal pain only. Diclofenac (and other NSAIDS) is indicated for patients who have mild to moderate pain. The MTUS recommends topical NSAIDS in the relief of osteoarthritis pain in joints that lend themselves to topical treatment (wrist, knee, hand, foot, ankle). The ODG states that topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile with diclofenac, including topical formulations. The documentation does not indicate a failure of oral NSAIDS therefore the request for Flector patch is not medically necessary or appropriate.