

<b>Case Number:</b>	CM15-0148985		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/20/1988
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Anesthesiology

### 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 68 year old male, who sustained an industrial injury on January 20, 1988. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbosacral intervertebral disc, and spinal stenosis of the lumbar region. Treatments and evaluations to date have included physical therapy, cortisone injections, and medication. Currently, the injured worker reports back pain. The Primary Treating Physician's report dated April 20, 2015, noted the injured worker completed six sessions of physical therapy. The injured worker requested refills on the Tramadol and Flector patch, noting however that the Tramadol was not helping with the pain. Physical examination was noted to show the injured worker in mild distress with lumbar-lumbosacral spine flexion and extension eliciting pain. The injured worker was noted to feel improved overall with pain persisting in his low back. The injured worker's work status was noted to be permanent and stationary, not currently working. The treatment plan was noted to include a referral for additional physical therapy, and medications including Flector patches, Naproxen, Tramadol, and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Flector DIS 1.3% #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html); Official Disability Guidelines (ODG) Duration Guidelines, Treatment in Workers Compensation, 2015 web-based edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Flector patch (diclofenac epolamine).

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, the use of a Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. According to the California MTUS Guidelines, topical non-steroidal anti-inflammatory drug (NSAIDs) are used for the treatment of osteo-arthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option for spine and shoulder conditions. There is no data that substantiate Flector patch efficacy beyond two weeks. There is little evidence that supports the medication use in the treatment of chronic low back pain. The indications for topical NSAIDs are 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. It is not recommended for neuropathic pain as there is no evidence to support its use. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, the documentation provided did not identify the injured worker with osteoarthritis, or an acute strain, sprain, or contusion. The documentation provided did not indicate the injured worker had failed trials or had contraindications to use of oral NSAIDs, as he was currently using an oral NSAID. The injured worker was noted to have been prescribed the Flector patch since at least November 2014, without documentation of monitoring of transaminases, or of objective measurable improvement in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment. Therefore, based on the MTUS guidelines, the documentation provided does not support the medical necessity of the request for a pharmacy purchase of Flector DIS 1.3% #30. The requested Flector patch is not medically necessary.