

<b>Case Number:</b>	CM15-0165714		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/19/2001
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 79 year old male, who sustained an industrial injury on December 19, 2001. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar degenerative disc disease, spinal stenosis of lumbar region, sciatica unspecified site and degenerative arthropathy of spinal facet joint. Treatment to date has included medication. On July 21, 2015, notes indicate that the injured worker has chronic pain related to his injury. He requires daily medication for pain control and management. With his current medication regimen, his function has dramatically improved. A request was made for Flector patch 1.2% quantity of sixty.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Flector patch (diclofenac epolamine).

**Decision rationale:** The patient presents with back pain. The request is for Flector patch 1.3% #60. The request for authorization is not provided. Physical examination reveals range of motion of the thoracolumbar spine was severely limited. Straight leg raising test was felt to be negative. The femoral stretch test was negative. Motor exam was felt to be normal in all major muscle groups of the lower extremities. Sensory exam was normal to light touch. Hip range of motion was full bilaterally. MTUS, Topical Analgesics Section, pg 111-113 states, "Indications: 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)". ODG Guidelines, Pain Chapter under Flector patch (diclofenac epolamine) Section states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks". Treater does not specifically discuss this medication. Prescription history for Flector Patch is not provided to determine when this medication was initiated. In this case, treater does not discuss or document the patient with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. Additionally, ODG guidelines do not support the use of Flector beyond two weeks. The request for Flector Patch #60 would exceed what is recommended by ODG and does not meet guidelines indication. Therefore, the request is not medically necessary.