

<b>Case Number:</b>	CM15-0183643		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/02/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, elbow, and forearm pain reportedly associated with an industrial injury of August 2, 2014. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for topical Flector patches. The claims administrator referenced an RFA form dated September 2, 2015 and an associated office visit of August 28, 2015 in its determination. On an RFA form dated September 2, 2015, the attending provider appealed previously denied Flector patches. In an associated progress note dated August 28, 2015, the applicant reported multifocal complaints of neck, mid back, upper back, and upper extremity pain. Paresthesias were noted about the upper extremities. Highly variable pain complaints were noted. The attending provider contended that the Flector patches were reducing the applicant's pain complaints. The applicant was using oral Tylenol and Flector, it was reported. The applicant reported that activities of daily living as basic as bending, lifting, sitting, standing, and lying down remained problematic secondary to ongoing pain complaints. An H-Wave device trial was sought. The attending provider reiterated his request for topical Flector patches. A rather proscriptive 10-pound lifting limitation was imposed. The attending provider stated, somewhat incongruously, that the applicant was "unable to tolerate topical medication[s]." The attending provider stated that the applicant was not depressed. A rather proscriptive 10-pound lifting limitation was imposed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. Somewhat incongruously, the attending provider stated toward the bottom

of the note that the applicant was going to school and swimming and walking in unspecified amounts.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector patch #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** The request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac (Voltaren). However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac (Voltaren)/Flector has "not been evaluated" for treatment of the spine. Here, the applicant's primary pain generators, per the August 28, 2015 office visit at issue were, in fact, the cervical and thoracic spines, i.e., large, widespread regions: (a) not readily amenable to topical application, and (b) body parts for which topical Flector/diclofenac/Voltaren has "not been evaluated," per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for usage of topical; Flector in the context of the claimant is having diffuse, widespread spine pain complaints. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, however, the attending provider's August 28, 2015 progress note stated that the applicant had developed an inability to tolerate topical medications and went on to seek authorization for an H-Wave device, it was stated in one section of the note. It was not clear, thus, why the attending provider went on to renew topical Flector in the face of the applicant's having reportedly developed intolerance to the same. Therefore, the request was not medically necessary.