

<b>Case Number:</b>	CM15-0184180		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/18/2015
<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: 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:

This is a 53 year old female with a date of injury on 3-16-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and shoulder pain. On 9-11-15 the injured worker reports continued complaints of neck and right shoulder pain rated 4 out of 10 with medication and 7 out of 10 without medications. Her quality of sleep is poor and activity level is the same. According to the given medical records she has been using the flector patch at least since 2-13-15. Upon exam, cervical range of motion is restricted, she has tenderness at the para-cervical muscles and trapezius, Spurling's maneuver causes pain but no radicular pain. Right shoulder range of motion is limited. Plan of care includes refill of flector patch to address acute inflammation and pain. Diagnostic studies: EMG NCS 7-9-13 was abnormal, urine toxicology 4-10-13 within normal limits, CT lumbar spine 3-15-13 small bulging disc with mild joint facet arthropathy and multiple renal calculi and CT cervical spine 1-8-13 multilevel joint facet arthropathy. Treatments include: medication, physical therapy, massage, acupuncture, home exercise program, cervical facet nerve block and right shoulder surgery. Request for authorization dated 9-11-15 was made for flector patch 1.3% quantity 120. Utilization review dated 9-16-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch Qty: 120.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** The Flector Patch is a topical analgesic containing diclofenac epolamine. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Diclofenac is supported for knee pain Flector patch is considered to be a second-line agent and there is no documentation that the injured worker is intolerant to oral NSAIDs, therefore the request for Flector 1.3% patch Qty: 120.00 is determined to not be medically necessary.