

<b>Case Number:</b>	CM15-0187743		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Emergency 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 58 year old male who sustained an industrial injury on 5-30-14. The injured worker reported pain in the low back, buttock and leg. A review of the medical records indicates that the injured worker is undergoing treatments for low back, buttock and leg pain, lumbar radiculitis left lower extremity L5, lumbar degenerative disc disease with disc bulge, myofascial pain and strain, and intermittent left leg numbness and weakness. Medical records dated 7-13-15 indicate pain rated at 6 out of 10. Treatment has included Norco since at least February of 2015, Advil since at least February of 2015, Tylenol since at least February of 2015, Cymbalta, Flector Patch since at least February of 2015, physical therapy, Muscle Relaxants, magnetic resonance imaging, and injection therapy. Objective findings dated 7-13-15 were notable for tenderness to palpation to the midline at L4-S1, lumbosacral paraspinal region, left buttock, left sacroiliac and left piriformis. The original utilization review (8-27-15) denied a request for Flector patch twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Review of records do not reveal total number of requested patches. As per MTUS Chronic Pain Guidelines topical analgesics such as Flector (Diclofenac epolamine) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient has been using this chronically with no noted objective improvement in pain or function. Patient has no osteoarthritis and location of pain is spinal, which is guidelines state is an area that is not supported by evidence. Due to documentation that does not show efficacy and an incomplete prescription, chronic use of Flector is not medically necessary.