

<b>Case Number:</b>	CM15-0189926		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 26 year old female, who sustained an industrial injury on 5-30-2014. The medical records indicate that the injured worker is undergoing treatment for chronic cervical strain and chronic left shoulder strain. According to the progress report dated 8-19-2015, the injured worker presented with complaints of constant, moderately, severe pain in the neck and left shoulder. The level of pain is not rated. The physical examination of the cervical spine reveals paracervical muscle tenderness. Range of motion is 100% normal in all planes. Examination of the left shoulder reveals tenderness, full range of motion, and grip strength of 25 pounds. The current medications are Naproxen and Omeprazole. Previous diagnostic studies include MRI of the left shoulder and cervical spine, which were both negative. Treatments to date include medication management, physical therapy (no relief), and acupuncture (increased pain). The treating physician noted that she should return to work without restrictions as soon as 9-1-2015. The original utilization review (9-4-2015) had non-certified a request for Flector patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch prescription, Qty 30:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector patch for over a month. There is limited evidence to support long-term use of Flector. In addition, the claimant had reflux esophagitis. Topical NSAIDS can reach systemic levels similar to oral NSAIDS and can cause similar risks. The Flector patch is not medically necessary.