

<b>Case Number:</b>	CM15-0191676		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	08/31/2007
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 69-year-old who has filed a claim for chronic shoulder and back pain with derivative complaints of depression reportedly associated with an industrial injury of August 31, 2007. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for topical Flector patches. An RFA form received on September 16, 2015 was referenced in the determination. Also cited was an office visit dated September 9, 2015. The applicant's attorney subsequently appealed. On July 29, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of shoulder and elbow pain, 6-7/10. The applicant was asked to continue Motrin, Celebrex, and Prozac. The applicant's work status was reportedly unchanged. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. The applicant was described as experiencing difficulty performing activities of daily living. On September 9, 2015, the applicant was asked to employ topical Flector patches for the bilateral wrists. Severe neck and back pain were noted. The applicant was given diagnoses of "median neuropathy" and "ulnar neuropathy," the treating provider reported. The applicant was experiencing symptoms of numbness and tingling about the hands superimposed on issues with chronic pain, generalized debility, narcotic dependence, and severe depression. Prozac was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1.3 Percent 30 Day Supply Qty 120 4 Refills:** 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:** No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac (Voltaren), i.e., a topical NSAID. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical NSAIDs are "not recommended" in the treatment of neuropathic pain as there is no evidence to support the usage of the same. Here, the attending provider stated on September 9, 2015 that he intended for the applicant to apply topical Flector patches to the wrists for a stated diagnosis of "median neuropathy," i.e., a diagnosis of neuropathic pain for which topical NSAIDs are not recommended, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.