

<b>Case Number:</b>	CM15-0192764		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

The injured worker is a 28-year-old female, with a reported date of injury of 04-01-2013. The diagnoses include bilateral upper extremity repetitive stress syndrome, status post right lateral epicondylectomy with fascial stripping, first dorsal compartment release, flexor carpi radialis tendon sheath release, radial tunnel release, bilateral de Quervain's, bilateral extensor tendonitis, bilateral lateral epicondylitis, and likely bilateral thoracic outlet syndrome. Treatments and evaluation to date have included right elbow injection, right lateral elbow release, left elbow injection, Flector patches (since at least 03-2015), Pamelor, Relafen, Voltaren, Tramadol, Lidoderm patches, Lyrica, and Doculase. The diagnostic studies to date have included an MRI of the left elbow on 09-08-2015 which showed small joint effusion. The medical report dated 09-11-2015 indicates that the injured worker had bilateral upper extremity pain. She returned to the office for bilateral lateral epicondyle and extensor tendon PRP (platelet rich plasma) injections. The injured worker rated her pain 9-10 out of 10. The physical examination showed mild distress; tenderness over the bilateral upper condyles and proximal extensor tendons; grossly intact motor of the upper extremities; positive Roos; positive bilateral brachial plexus stretch; and minimal depression. The treatment plan included a request for Flector patches. The rationale for the patches was not indicated. The injured worker's work status was not indicated. On 08-14-2015, it was noted that the injured worker had work restrictions. The request for authorization was dated 09-11-2015. The treating physician requested Flector patch 1.3% #30. On 09-23-2015, Utilization Review (UR) non-certified the request for Flector patch 1.3% #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% #30:** Upheld

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

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

**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. In this case, the injured worker has not been diagnosed with knee osteoarthritis. Additionally, she is concurrently prescribed an oral NSAID. There is no indication that she has failed with the use of oral NSAIDs and there is no documented rationale for using a topical NSAID concurrently with an oral NSAID. The request for Flector patch 1.3% #30 is determined to not be medically necessary.