

<b>Case Number:</b>	CM15-0198458		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 56-year-old female who sustained an industrial injury 01-28-13. A review of the medical records reveals the injured worker is undergoing treatment for depression, psychophysiologic disorder, chronic pain syndrome, cervical post-laminectomy syndrome, low back pain, spasm, and radicular pain. Medical records (09-21-15) reveal the injured worker complains of "widespread pain symptoms" including neck and lower back pain with radiation down the left leg. She notes an "increased" stress levels over the past few weeks. Her pain is not rated. The physical exam (09-21-15) reveals the injured worker appears "less anxious" and "exhibited less in the way of pain behaviors." Prior treatment includes medications and back surgery. The original utilization review (10-02-15) non certified the request for Flector 1.3% #60. The injured worker reports that she has found the Flector patches to be "quite helpful." The documentation supports that the injured worker began using Flector patches after her 08-24-15 office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3%, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 9/9/15) Flector patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, 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. In this case, it is unclear what part of the body this patch is intended to treat. There is no indication that the injured worker has had an adverse response to oral NSAIDs or that they are contraindicated, in this case. The request for Flector 1.3%, #60 is determined to not be medically necessary.