

<b>Case Number:</b>	CM15-0205941		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York

Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on August 22, 2004. The injured worker was diagnosed as having bilateral lumbar facet joint pain at lumbar four to five and lumbar five to sacral one, lumbar facet joint arthropathy, chronic low back pain, right ankle surgery, right ankle internal derangement, bilateral knee surgery, right knee internal derangement, and left knee internal derangement. Treatment and diagnostic studies to date has included a medication regimen, use of a cane, physical therapy, use of an ankle foot orthosis, status post lumbar facet radiofrequency nerve ablation with rhizotomy and neurotomy, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated September 23, 2015 the treating physician reports complaints of pain to low back with the right worse than the left. Examination performed on September 23, 2015 was revealing for tenderness to the lumbar paraspinal muscles, decreased range of motion, positive lumbar discogenic provocative testing bilaterally, positive sacroiliac provocative testing bilaterally, positive pressure to the sacral sulcus bilaterally, and decrease in balance with heel and toe walking. The injured worker's medication regimen on September 23, 2015 and on July 15, 2015 included Norco, Effexor XR, Seroquel, Ibuprofen, Trazadone, Zofran, Nexium, and Topamax that have been prescribed since at least prior to April 06, 2015, but the progress notes did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the progress notes did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from July 15,

2015 also noted the prior prescription of Flector Patch (with the start date unknown) that was noted to cause a rash and itching during use. On September 23, 2015 the treating physician requested the medication Flector 1.3% Patch with a quantity of 30 and 0 refills, but did not indicate the reason for the requested medication. On October 06, 2015 the Utilization Review determined the request for Flector 1.3% Patch with a quantity of 30 and 0 refills to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector 1.3 %Patch #30 Refill: 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, the use of a Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. This medication may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector patch efficacy beyond two weeks. There is little evidence that supports the medication use in the treatment of chronic low back pain. Of note, the specific dose and amount of medication were not provided. Medical necessity for the requested Flector patch has not been established. The requested item is not medically necessary.