

<b>Case Number:</b>	CM15-0023030		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 with an industrial injury dated September 7, 2012. The injured worker diagnoses include right shoulder periscapular strain/impingement/tendinitis/bursitis, thoracic spine and lumbar spine sprain/strain, right elbow medial/lateral epicondylitis and right forearm wrist flexor/extensor tendinitis. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, chiropractic sessions, home exercise therapy, activity restrictions and periodic follow up visits. In a progress note dated 7/22/14, her treating physician noted right shoulder pain and low back pain. Primary treating physician progress reports are handwritten and illegible. No current medical records submitted for review. The treating physician is requesting Flector Patch #60. UR determination on January 26, 2015 denied the request for Flector Patch #60, citing MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Flector (Voltaren Gel 1% (diclofenac)) that it is "indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints and the treating physician has not provided a rationale to meet guidelines at this time. As such, the request for Flector Patch #30 is not medically necessary.