

<b>Case Number:</b>	CM15-0025447		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Ohio, 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 47-year-old [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of January 4, 2011. In a Utilization Review Report dated February 20, 2015, the claims administrator failed to approve a request for topical Flector patches. The claims administrator referenced a January 8, 2015, prescription form in its determination. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported persistent complaints of low back and knee pain. The attending provider reiterated his request for lumbar fusion procedure. The applicant was asked to remain off of work, while Ultram, Prilosec, Ambien, Morphine and Flector patches were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3%, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch (Diclofenac Epolamine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac): Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 979.

**Decision rationale:** 1. No, the request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Flector is a derivative topical diclofenac/Voltaren. However, topical diclofenac/Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Here, the applicant's primary pain generator was/is, in fact, the lumbar spine, i.e., a body part for which topical diclofenac/Voltaren/Flector has not been evaluated. The attending provider did not furnish a clear or compelling applicant-specific rationale for selection of Flector patches in the face of the tepid-to-unfavorable MTUS position on the same. The applicant's ongoing usage of Morphine and tramadol, it is further noted, effectively obviated the need for the Flector patches at issue. Therefore, the request was not medically necessary.