

<b>Case Number:</b>	CM15-0217326		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59 year old female, who sustained an industrial injury on 08-24-2010. A review of the medical records indicates that the worker is undergoing treatment for myofascial pain, lumbar and cervical spondylosis, sacroilitis and cervical and lumbar radiculopathy. Treatment has included Flector patches (since at least 04-10-2015), myofascial therapy, lumbar epidural steroid injection and radiofrequency denervation of lumbar facet joints. Subjective findings on 09-04-2015 and 10-15-2015 were notable for continued improvement of pain in the low back and left lower extremity with recent lumbar epidural steroid injection. Significant reduction of pain and spasticity in the low back was also noted on 10-15-2015 with six sessions of myofascial therapy. The worker's pain with myofascial therapy was noted as being 0 out of 10 and 8 out of 10 without myofascial therapy with some continued residual spasticity and pain in the lumbar areas with radiation to the left buttock, The physician noted that the worker no longer used medications for pain but that due to residual soreness, the worker wanted a refill of Flector patches and Voltaren gel to avoid taking any oral medications. Objective findings (09-04-2015 and 10-15-2015) included mild tenderness to palpation and spasticity of the lumbar paraspinals and upper piriformis on the left side with a few distinct trigger points that elicited twitch sensation with palpation. The physician noted that a refill of Flector patches along with Voltaren gel was submitted for topical relief of low back pain and to avoid escalation to oral medication. It's unclear as to whether Voltaren gel has been previously prescribed but it was not listed as an active medication in previous progress notes. There was no documentation of an

intolerance or failure of oral pain medication. A utilization review dated 10-28- 2015 non- certified requests for Flector patches 1.3% #60 and Voltaren 1% gel Qty 1 tube.

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

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Flector patch (diclofenac epolamine).

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

**Decision rationale:** Flector patches contain diclofenac, a non-steroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.

#### **Voltaren 1% gel, Qty 1 tube: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, Topical Analgesics.

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

**Decision rationale:** With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.