

<b>Case Number:</b>	CM15-0036962		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/05/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 63 year old male sustained a work related injury on 09/05/2009. According to a progress report dated 01/07/2015, the injured worker complained of daily headaches, dizziness, occasional ringing sensation in both ears, memory difficulty since the injury, sleep difficulty due to chronic pain, numbness in the left cheek and upper lip area adjoining area of the jaw, bilateral shoulder pain, bilateral elbow/forearm pain, wrist pain and numbness of the fourth and fifth digits bilaterally, low back pain radiating to the left groin and left medial leg and neck pain with radiation to the vertex and scapular area. Diagnoses included 1. Status post-concussion with post-concussion syndrome with post traumatic headaches, post traumatic vertigo and some concentration difficulty. 2. Bilateral shoulder strain status post right shoulder surgery in April 2012 for persistent symptomatology, status post left shoulder surgery on 03/06/2014 currently in postoperative pain. 3. Bilateral elbow and wrist strain with paresthesia of the hands and left cubital tunnel syndrome with numbness in the fourth and fifth fingers. 4. Lumbar strain with left lumbar radiculopathy. 5. Cervical strain left greater than right. 6. Secondary insomnia due to chronic pain from the above diagnoses. 7. Bilateral carpal tunnel syndrome per panel Qualified Medical Examination report of 10/08/2014. Medications included Norco, Flector patch, Diclofenac, Imitrex, Omeprazole and Ambien. On a prior examination dated 08/18/2014, the injured worker's medication included the same regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3%, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

**Decision rationale:** Flector (diclofenac patch) is a topical medication in the non-steroidal anti-inflammatory drug (NSAID) class that is delivered through a patch. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because the benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. This particular medication is approved by the FDA only for the treatment of recent pain. The submitted and reviewed documentation indicated the worker was experiencing on-going pain in both shoulders and arms, the neck and upper back, and the lower back; headaches; dizziness; problems remembering things; decreased sleep; episodes of facial numbness; and numbness and tingling of the hands and legs. There was no suggestion of any new pain, and the records suggest the worker had been using this medication for at least several months. Further, these records recommended use for the shoulders and lower back. There was no discussion detailing special circumstances supporting the use of this medication in this setting. In the absence of such evidence, the current request for sixty Flector (diclofenac patch) 1.3% patches is not medically necessary.