

<b>Case Number:</b>	CM14-0112151		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/25/2007
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 63-year-old female with a 5/25/07 date of injury, when she fell down the stairs and injured her knees. The patient had total left knee replacement on 10/27/10 and right shoulder arthroscopic surgery on 9/25/13. The patient was seen on 6/24/14 with complaints of persistent neck and right upper extremity pain as well as left knee, left foot and right hand pain. The patient continued to do well on her medications and was working full time. The right upper extremity pain was 7/10 without the medication and 3/10 with the medication. The patient's right hand continued to have ongoing numbness, tingling and pain and was 9/10 without the medication and 5/10 with the medication. No side effects from the medication use were reported other than mild gastrointestinal upset which was treated with Prilosec. The patient was taking Norco 10/325 TID, Prilosec 20mg once a day, Xanax 0.5 mg, Imitrex 100 mg, Fioricet as needed for headaches and Colace 100 mg BID. Exam findings revealed tenderness to the cervical paraspinal muscles, generalized tenderness over the right elbow and right upper extremity. There was some mild generalized edema noted on the left knee and left foot with full range of motion in the lower extremities. The diagnosis is status post left knee replacement, status post right shoulder surgery, left knee pain, right hand pain, right shoulder pain and neck pain. Treatment to date: work restrictions, medications. An adverse determination was received on 6/23/14. The request for Flector Patch #15, Refills x4 was modified to Flector Patch qty 14 for 2 weeks. The determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch #15, Refills x4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Flector Patch (Diclofenac Epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation FDA (Flector Patch) Official Disability Guidelines (ODG) Pain Chapter Flector patch.

**Decision rationale:** CA MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. The UR decision dated 6/23/14 modified the request for Flector Patch #15 Refills x4 to Flector Patch qty 14 for 2 weeks. There is a lack of documentation indicating that the patient suffered from osteoarthritis, acute strain, sprain or contusion. It is not clear if the patient tried and failed oral NSAIDs. In addition, the progress note dated 6/24/14 indicated that the patient's pain was well managed with Norco. Therefore, the request for Flector Patch #15, Refills x4 was not medically necessary.