

<b>Case Number:</b>	CM14-0180628		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	07/12/2002
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Physical Medicine and Rehabilitation 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 70 year-old patient sustained an injury on 7/12/2002 while employed by [REDACTED]. Request(s) under consideration include One prescription of Flector patches 1.3% # 60 with one refill and One prescription of Voltaren gel 1% 3gm # 400 with one refill. Diagnoses include shoulder joint pain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 9/20/14 from the provider noted the patient continues with chronic symptoms with left shoulder and neck pain rated at 6-7/10 without and 3/10 with medications. Exam showed tenderness at left shoulder and cervical spine; diffuse decreased range of motion in left shoulder with negative drop arm test. Treatment included continued medications. The request(s) for One prescription of Flector patches 1.3% # 60 with one refill and One prescription of Voltaren gel 1% 3gm # 400 with one refill were non-certified on 10/8/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Flector patches 1.3%, # 60 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Review indicates the patient has been prescribed Flector patches since at least April 2014. Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic 2002 injury. There is no documented functional benefit from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, topical Flector patch and Voltaren gel posing an increase risk profile without demonstrated extenuating circumstances and indication. The One prescription of Flector patches 1.3%, #60 with one refill is not medically necessary and appropriate.

**One prescription of Voltaren gel 1%, 3gm # 400 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Topical NSAIDs

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

**Decision rationale:** Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in July 2002. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Clinical exam is without acute changes or report of flare-up for this chronic 2002 injury. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, topical flector patch and Voltaren gel posing an increase risk profile without demonstrated extenuating circumstances and indication. The One prescription of Voltaren gel 1%, 3gm # 400 with one refill is not medically necessary and appropriate.