

<b>Case Number:</b>	CM14-0091897		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 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:

According to the records made available for review, this is a 59-year-old female with a 7/1/13 date of injury, and status post left L5-S1 foraminotomy, left S1-2 foraminotomy, and left L5-S2 laminectomies in 2010. On 6/11/14, a request for authorization for Flector Patch (Diclofenac Epolamine) 1.3% quantity 30 was submitted. There is documentation of subjective findings, lower back pain and objective findings, moderate tenderness to palpation around the scar tissues. The current diagnoses are lumbosacral strain, iliolumbar strain, myofascial strain, and post laminectomy pain. Noted are the treatments to date, the activity modification, physical therapy and medications listed as Lidocaine patches and ibuprofen. On 6/3/14, the medical report identifies that patient has difficulty tolerating NSAIDs. There is no documentation of a condition/diagnosis of acute strains, sprains and contusions with supportive subjective/objective findings for which Flector Patch 1.3% is indicated as medically necessary.

### 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: 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain Chapter, Flector patch (diclofenac epolamine).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatments of ankle, elbow, foot, hand, knee, and wrist and short-term use of 4-12 weeks, as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis with supportive subjective/objective findings for which Diclofenac Epolamine 1.3% is indicated (such as: acute strains, sprains, and contusions, as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of lumbosacral strain, iliolumbar strain, myofascial strain, and post laminectomy pain. In addition, the patient is unable to tolerate oral NSAIDs, and there is documentation of failure of an oral NSAID. However, despite documentation of a strain, and given documentation of a 7/1/13 DOI, there is no documentation of a condition/diagnosis with supportive subjective/objective findings for which Flector Patch 1.3% is indicated. Therefore, the request for Flector Patch 1.3% quantity 30 is not medically necessary and appropriate.