

<b>Case Number:</b>	CM14-0216317		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/10/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Family Practice

### 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 worker developed right wrist pain while performing her regular front desk duties on 7/10/13. On 12/18/14 request was made for Flector patches #30 apply one to area of pain as needed x 5 refills for diagnoses of overuse syndrome right upper extremity and de Quervain's tendinitis right wrist. According to the primary treating physician's progress report of 12/9/2014, she was using samples of Flector patches. It was stated "The patient's right wrist continues. She states her pain has decreased since she has stopped working." Objective findings were positive Finkelstein's testing right wrist. She was to continue use of Neoprene wrist/thumb wrap, Meloxicam 7.5mg and Flector patches. At a previous visit on 11/19/2014 she reported that Flector patch on her right wrist was helping her pain. Objective finding on that date was "tender over radial styloid, right wrist". The diagnosis was overuse syndrome right upper extremity and de Quervain's tendinitis right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Flector Patches #30 (refill x5):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics: Non-steroidal antiinflammatory agents Page(s): 111-112.

**Decision rationale:** Flector (diclofenac) is a topical NSAID that is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment such as the wrist. It is recommended for short-term use (4-12) weeks. The effect of topical NSAID's diminishes over time and is not recommended for long-term use. Topical NSAID's have side effect risks similar to oral NSAID's in addition to risk of dermatitis. In this case, Flector is not appropriate since this worker is also using another NSAID (meloxicam). In addition, the prescription for #30 with 5 refills is for a longer term than what is recommended and continued benefit for that period should not be presumed.