

<b>Case Number:</b>	CM15-0105172		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California, North Carolina  
 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:

The injured worker is a 53 year old male, who sustained an industrial injury on November 18, 2008. Treatment to date has included medications, home exercise program, heath therapy and orthotics. Currently, the injured worker complains of neck and back pain. He describes his pain as sharp, tingling, throbbing and rates his pain an 8-9 on a 10-point scale. The pain occurs frequent and is exacerbated with quick movement. The injured worker reports associated symptoms of tingling, headaches and weakness. Current medications include omeprazole, Lidoderm, hydrocodone-acetaminophen, Flector, Lyrica and Haldol. On physical examination the injured worker has crepitus noted over both shoulders with trigger points palpated in the upper trapezius and lower trapezius bilaterally. He has decreased motor strength in the bilateral shoulders and decreased sensation to light touch in the bilateral 1-4 digits. The diagnoses associated with the request include internal derangement of the knee and plantar fasciitis. The treatment plan includes continuation of home exercise, low post corset back brace, omeprazole, Lidoderm patch, Flector, Lyrica and hydrocodone-acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS (diclofenace epolamine) 1.3%, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that topical NSAIDs have been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. There is little evidence for utilization of topical NSAIDs for treatment of osteoarthritis of the spine, hips and shoulders. In this case, there is no documentation of osteoarthritis pain of the joints that lend themselves to treatment, such as ankle, elbow, foot, hand, knee and wrist. There is no documentation of a condition/diagnosis for which Diclofenac is indicated (acute sprains, strains and contusions). Therefore the request for Flector patches is deemed not medically necessary.