

<b>Case Number:</b>	CM15-0010300		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	11/03/1998
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2015

### 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: Texas, California  
 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 57 year old male who sustained a work related injury on November 3, 1998, after he fell from scaffolding. He sustained multiple injuries to the back, knees, arms, legs, ankles buttocks, shoulders and neck. He was diagnosed with chronic pain syndrome. He had a pain stimulator implanted in 2007, but got infected and was removed. Treatment included medications, physical therapy, prior surgery and imaging. Currently, the injured worker complained of ongoing pain and difficulties with activities of daily living. Treatment consisted on continuing medications. The medication list include Norco, Valium, Lyrica, Zanaflex, Ibuprofen and Protonix. Per the doctor's note dated 8/29/14 patient had complaints of pain in head, neck, arm, shoulder, buttock and back at 7-10/10. Physical examination of the low back revealed tenderness on palpation, positive SLR, antalgic gait, using a cane, radicular symptoms in leg, and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch (Diclofenac Epolamine patch) 1.3%, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic medication, Anti-inflammatory, Muscle Relaxants, Op. Decision based on Non-

MTUS Citation ACOEM: Chapter 6, pages 98-99. Official Disability Guidelines (ODG) Treatment index, 12th edition (web) Head Triptans; pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Chronic Pain - Topical. Decision based on Non-MTUS Citation Pain (updated 02/23/15) Flector ½ patch a)

**Decision rationale:** Request: Flector Patch (Diclofenac Epolamine patch) 1.3%, #1 Flector patch contains diclofenac. The MTUS Chronic Pain Guidelines regarding topical analgesics state, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any intolerance or contraindication to oral medications was not specified in the records provided. Per the records provided evidence of neuropathic pain was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants for these symptoms were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. In addition, according to the ODG guidelines, Flector patch is FDA indicated for acute strains, sprains, and contusions. The ODG guidelines also state that, these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The medical necessity of the request for Flector Patch (Diclofenac Epolamine patch) 1.3%, #1 is not fully established in this patient.