

<b>Case Number:</b>	CM15-0111540		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old male who sustained an industrial injury on 08/09/2013. Current diagnoses include lumbar disc degeneration, chronic pain, lumbar facet arthropathy, elevated liver enzymes, and morbid obesity. Previous treatments included medication management, radio-frequency rhizotomy, median branch nerve block, weight loss program, physical therapy, chiropractic therapy, epidural injections, facet injections, and home exercise program. Previous diagnostic studies include urine toxicology screenings and a lumbar spine MRI. Report dated 04/29/2015 noted that the injured worker presented with complaints that included low back pain with radiation to the bilateral lower extremity with numbness and tingling. Pain level was 8 out of 10 on a visual analog scale (VAS) with medications. Physical examination was positive for spasms in the in the bilateral paraspinous musculature, tenderness in the bilateral paravertebral area, limited range of motion with pain. The treatment plan included discussing goals and objectives, awaiting possible surgery, reviewed urine drug screen, recommendations for home exercise program, requests for laboratory study and urine drug testing, renewed medications which included Flector patches, gabapentin, and hydrocodone/APAP, and follow up in one month. Disputed treatments include Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector dis 1.3% 1 patch q 12 hrs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter Diclofenac, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Pain Chapter, Flector ½ patch (diclofenac epolamine).

**Decision rationale:** Regarding the request for Flector Patch, Occupational Medicine Practice Guidelines do not address Flector specifically, but do contain criteria for topical NSAIDs. ODG states Flector patches are not recommended as a first-line treatment. The Guidelines additionally state Flector patch is FDA indicated for acute strains, sprains, and contusions. Within the medical information made available for review, the patient is noted to have chronic pain. There is no documentation of acute strains, sprains, and contusions. Additionally, there is no indication that the patient has failed oral NSAIDs or has contraindications to their use. Additionally, it does not appear that this medication is intended for short-term use, as recommended by guidelines. As such, the currently requested Flector Patch is not medically necessary.