

<b>Case Number:</b>	CM15-0122430		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/17/1998
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

### 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 68 year old female, who sustained an industrial injury on 6/17/1998. The mechanism of injury was not described. The current diagnoses are post lumbar laminectomy syndrome, lumbosacral spondylosis without myelopathy, muscle spasm, and chronic pain syndrome. According to the progress report dated 5/29/2015, the injured worker complains of low back pain. She rated her pain 5/10 on a subjective pain scale. The physical examination did not identify any objective findings. The current medications are Norco, Tramadol, and Flector patch. There is documentation of ongoing treatment with Flector patch since at least 9/16/2014. Treatment to date has included medication management and surgical intervention. Work status was not established. A request for Flector 1.3% patch has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector patch (Diclofenac epolamine).

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines recommend topical NSAIDs for short-term (4-12 weeks) pain relief, indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, there is documentation of ongoing treatment with Flector since at least 9/16/2014, and continuation for any amount of time does not comply with the recommended guidelines. In addition, the submitted medical records failed to provide documentation regarding a diagnosis of osteoarthritis or tendonitis that would support the use of Flector patches. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Flector is not medically necessary.