

<b>Case Number:</b>	CM15-0123549		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Emergency 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 54 year old male, who sustained an industrial injury on 8/7/2013. The mechanism of injury is injury from when he slipped in the mud while lifting irrigation pipes. The current diagnoses are lumbar sprain/strain with disc disease and complaints of radiculopathy. According to the progress report dated 5/19/2015, the injured worker complains of low back pain. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness over the paraspinal muscles. There is restricted range of motion noted. The current medications are Ultram. Per notes, Flector patch will prescribed along with Ultram to see if it helps with pain control. Treatment to date has included medication management, x-rays, physical therapy, home exercise program, MRI studies, and injections (made symptoms worse). Work status: Permanent and stationary. 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%, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the 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. Flector is a topical analgesic patch with the active ingredient diclofenac, a non-steroidal anti-inflammatory agent. Ca MTUS guidelines state the efficacy of topical NSAIDs is greatest in the first 2 weeks of use. They are "recommended for short-term use (4-12 weeks)." In addition guidelines state, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." "Specific diclofenac", and has not been evaluated for treatment of the spine, hip or shoulder." The IW medical diagnoses largely involve conditions related to the spine. The IW has been using patches for several months. This exceeds the recommended 4-12 weeks. The request for Flector is not medically necessary.