

<b>Case Number:</b>	CM15-0127120		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 6/21/11. The injured worker was diagnosed as having right elbow pain, epicondylitis, possibility of ulnar neuritis, status post right carpal tunnel release, clinically consistent cervical radiculopathy, depression secondary to persistent pain, bilateral shoulder pain and low back pain. Currently, the injured worker was with complaints of pain in the neck and bilateral upper extremities. Previous treatments included oral pain medication, and bilateral wrist splints. Previous diagnostic studies included left elbow radiographic studies January 2015 revealing minimal osteoarthritic changes; cervical spine magnetic resonance imaging 2014 revealing mild degenerative changes, right wrist magnetic resonance imaging 2013 revealing small cyst otherwise normal bony structures, left wrist magnetic resonance imaging magnetic resonance imaging 2013 revealing a cyst near base of triangular cartilage and electrodiagnostic studies in 2011 revealing right mild median neuropathy and left minimal median neuropathy at the wrist. The injured workers pain level was noted as 9/10. Physical examination was notable for tenderness to right elbow joint, right wrist, cervical paraspinal muscles with spasms noted in cervical paraspinal muscles. The plan of care was for Flector Patch (Diclofenac epolamine) 1.3% quantity of 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch (Diclofenac Epolamine) 1.3% 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Flector or Diclofenac patches.

**Decision rationale:** This claimant was injured now over 4 years ago. There was right elbow and right carpal tunnel pain. There is bilateral shoulder and back pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Flector patches, the ODG notes in the pain section: Not recommended as a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. [(FDA, 2007), not for chronic issues.] The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term therapy with diclofenac. Also, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request was appropriately not medically necessary.