

<b>Case Number:</b>	CM15-0090621		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	02/09/1999
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 54 year old male, who sustained an industrial injury on 02/09/1999. He has reported injury to the thoracic spine and bilateral shoulders. The diagnoses have included pain in thoracic spine; and injury, other and unspecified, shoulder and upper arm. Treatment to date has included medications, diagnostics, and activity modification. Medications have included Norco, Neurontin, Lodine, Paxil, and Flector patches. A progress note from the treating physician, dated 11/04/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of aching every day in the shoulders and the thoracic spine area; at night, if he lays the wrong way on the shoulders, he will get paresthesias in the arm and wake up with pain; and he is working full-time. Objective findings included tenderness in the paravertebral muscles on the spine bilaterally; the subscapularis areas are tender; range of motion of the bilateral shoulders is somewhat limited by pain; and there is normal hand function. The treatment plan has included Flector patches to aid in his recovery and gradually taper medicines as possible. Retrospective request (date of service: 02/08/2015) is being made for Flector patch (Diclofenac Epolamine topical patch) Dis 1.3% #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS 2/8/2015) for Flector patch (Diclofenac Epolamine Topical Patch) Dis 1.3% #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flector Patch (Diclofenac Epolamine). Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic) Flector Patch (Diclofenac Epolamine).

**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, Diclofenac patches.

**Decision rationale:** This claimant was injured in 1999. There has been medicines, diagnostics and activity modification. As of November 2014, there was aching every day in the shoulders and the thoracic spine. The date of service was 2-8-15. 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 non-certified and is not medically necessary.