

<b>Case Number:</b>	CM13-0063309		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/07/2002
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 70-year-old female with a 2/7/02 date of injury. At the time of request for authorization for Flector 1.3% transdermal 12 hour patch/ 60 patches, 5 refills, there is documentation of subjective (chronic pain with increased pain in the left leg and sciatica to left groin) and objective (decreased cervical spine range of motion and tenderness of the cervical paraspinal muscles through the lumbar spine, positive Tinel's sign at the wrist and ankles, and decreased sensation in the toes bilaterally) findings, current diagnoses (cervical spondylosis with myelopathy, low back pain, lumbosacral radiculitis, carpal tunnel syndrome, tarsal tunnel syndrome, and bursitis of shoulder), and treatment to date (medications). A 10/15/13 medical report plan indicates an initial trial of Flector patch due to gastrointestinal intolerance of oral non-steroidal anti-inflammatory medications. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), and a condition/diagnosis (with supportive subjective/objective findings) for which Diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% transdermal 12 hour patch #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3. Decision based on Non-MTUS Citation ODG web Pain-Flector Patches

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Flector patch

**Decision rationale:** MTUS Chronic Pain Guidelines identify documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the use of topical NSAIDs. The Official Disability Guidelines identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and a condition/diagnosis (with supportive subjective/objective findings for which Diclofenac epolamine (1.3%) is indicated (such as: acute strains, sprains, and contusions), as criteria necessary to support the medical necessity of Flector patch. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis with myelopathy, low back pain, lumbosacral radiculitis, carpal tunnel syndrome, tarsal tunnel syndrome, bursitis of shoulder, and contact dermatitis. In addition, given documentation of a plan indicating initial trial of Flector patch due to gastrointestinal intolerance of oral non-steroidal anti-inflammatory medications, there is documentation of short-term use (4-12 weeks) and a contraindication to oral NSAIDs. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Diclofenac epolamine (1.3%) is indicated (acute strains, sprains, and contusions). Therefore, based on guidelines and a review of the evidence, the request for Flector 1.3% transdermal 12 hour patch/ 60 patches, 5 refills is not medically necessary.