

<b>Case Number:</b>	CM13-0039825		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational Medicine 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:

The patient is a 55 year old male with date of injury 3/01/2004. Mechanism of injury is not noted. The primary treating physician's reported dated 9/25/2013 stated patient's subjective complaints as neck pain, lower back pain, and bilateral wrist pain. He reports he has felt improvement to his neck with greater range of movement. Neck pain has improved and is now having fewer headaches. Objective findings include spinous process tenderness on C4, C5, C6 and C7. Range of motion is restricted in the lumbar region of the spine, being limited to 70 degrees and extension limited to 10 degrees. Movement of the left shoulder is restricted, with flexion limited to 120 degrees, extension limited to 60 degrees, abduction limited to 100 degrees, internal rotation behind body limited to 30 degrees. Diagnoses include thoracic Pain, knee Pain, cervical disc degeneration, joint pain, left leg, wrist/Carpal tunnel syndrome, cervical facet syndrome, lumbrosac disc degeneration, cervical Pain, and low back pain. Current medications include Maxalt 10 mg Tablet SIG: take 1 daily as needed, Lyrica 100 Mg SIG: 1 tab po BID, Flector 1.3% Patch SIG: Apply for 12 hours per day, Verapamil 240 Mg Er SIG: Take 1 twice daily, Cymbalta 30 Mg Capsule SIG: one po daily, Anaprox Ds 550 Mg Tablet SIG: Take 1 twice daily, and Prilosec Dr 20 Mg Capsule SIG: Take 1 daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics, (NSAIDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics, (NSAIDS) Page(s): 111-112.

**Decision rationale:** The patient has been using Flector 1.3% patches since 07/31/2012. The MTUS Guidelines recommend topical NSAIDs for short-term use only, 4-12 weeks. The patient has been using this medication long past the recommended timeframe. Flector 1.3% patches #30 is not medically necessary.

**Terocin Patch #20:** Upheld

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

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

**Decision rationale:** The patient describes his pain as radicular in nature with numbness and tingling in the extremities. This type of pain would be neuropathic. The treatment of neuropathic pain with topical analgesics is not recommended by the MTUS Guidelines. Terocin Patch #20 not medically necessary.