

<b>Case Number:</b>	CM13-0056860		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/05/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 46-year-old female who reported an injury on 03/05/2010. The mechanism of injury was not specifically stated. The patient is currently diagnosed with displacement of lumbar disc without myelopathy, degenerative disc disease in the lumbar spine, and spinal stenosis. A prescription request was submitted on 10/27/2013 for Flector 3% patch, 30 units for 30 day supply. However, there is no primary treating physician's progress report submitted on the requesting date of 10/27/2013. The patient was seen by [REDACTED] on 09/27/2013 and 11/25/2013. Subjective complaints and objective findings were not provided on either date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 3% patch, 30 units for 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation ODG- Pain Chapter, Flector Patches.

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

**Decision rationale:** California MTUS Guidelines state topical analgesics 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. There is no documentation of a current physical examination. Therefore, there is no evidence of neuropathic pain. There is also no indication of a failure to respond to first-line oral medication prior to the request for a topical analgesic. Based on the lack of clinical information received and the California MTUS Guidelines, the request for Flector 3% patch, 30 units for 30 day supply is not medically necessary and appropriate.