

<b>Case Number:</b>	CM14-0004502		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert 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 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/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 an employee of [REDACTED], and has submitted a claim for cervical and lumbar radiculopathy associated with an industrial injury sustained on June 3, 2009. Treatment to date has included oral and topical analgesics, epidural steroid injections, trigger point injections, and a home exercise program. Medical records from 2013 were reviewed that showed persistent neck pain radiating to the left upper extremity, and back pain radiating to the left lower extremity accompanied by numbness and tingling. The pain level averages around 7-8/10 with medications and 9/10 without medications. There is an increase in pain with prolonged sitting and standing. The patient reports limitation in activities of daily living, such as ambulation, hand function, and sleep. Physical examination findings show a moderate reduction in the cervical and lumbar spine range of motion due to pain accompanied by myofascial tenderness on palpation. There is decreased sensation to touch in the left upper extremity as well as decreased motor strength in the left upper extremity and muscles within the C5-C6 dermatomal level. The patient was prescribed Exoten-C lotion, Restone, Vicodin, Flector patches, and Ketogel as far back as August 2013. She was also noted to be on ketoprofen, which was switched to naproxen in December 2013. Oral naproxen was noted to decrease generalized neck and low back pain, but is of little benefit for the patient's localized upper extremity pain. Duration and frequency of use of the medications were not specified; however, adverse effects such as GI upsets were reported. Epidural steroid injection for the low back pain were given on August 9, 2012 and the patient reported complete pain relief for eight months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLECTOR PATCH 1.3%, #60:** 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.

**Decision rationale:** The California MTUS does not address this topic, so the Official Disability Guidelines were utilized instead. The Official Disability Guidelines state that Flector patches are not recommended as a first line treatment for osteoarthritis and should be used when there is a failure of oral NSAIDs or contraindication to oral NSAIDs. In this case, the patient has chronic pain, but the indication for this medication in this patient was not clearly discussed. There was no evidence concerning failure of oral NSAIDs. Therefore, the request is not medically necessary.