

<b>Case Number:</b>	CM14-0150649		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 a 43 year old female with an injury date on 05/04/2010. Based on the 07/21/2014 progress report provided by [REDACTED], the patient complains of pain at the cervical spine, lumbar spine, left shoulder, and left ankle. The patient describes her pain as being constant and rates her pain as a 7/10 for the cervical spine, left shoulder, and left ankle. For the lumbar spine, she rates her pain as an 8/10. The patient's symptoms improve with medications, rest, and patches. The patient's pain worsens with activities. The progress reports do not discuss any positive exam findings. [REDACTED] is requesting for Flector patches 1.3% one month supply and Tylenol #3 quantity 90. The utilization review determination being challenged is dated 08/12/2014. [REDACTED] is the requesting provider, and provided treatment reports from 01/09/2013 to 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches 1.3%, One month's supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

**Decision rationale:** According to the 07/21/2014 report by [REDACTED], this patient presents with pain at the cervical spine, lumbar spine, left shoulder, and left ankle. The physician is requesting for Flector patches 1.3% one month supply. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." Report of 05/12/2014 indicates Flector patches were given to her as a sample. Review of report 07/21/2014, while the patient states that she finds the Flector patches decreases her pain from an 8/10 to a 3-4/10, the treater does not provide any documentation that this topical is working to improve function. More importantly, the physician does not document what Flector patch is being used for. If it is being used for ankle pain, it may be appropriate, but not for neck, low back or shoulder condition. Given the lack of clarity, the request for Flector Patches 1.3%, one month's supply is not medically necessary and appropriate.

**Tylenol #3, 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89), Page 78.

**Decision rationale:** According to the 07/21/2014 report by [REDACTED], this patient presents with pain at the cervical spine, lumbar spine, left shoulder, and left ankle. Tylenol 3 was first mentioned on patient's list of medications per physician report dated 12/30/2013. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 11/11/13 report indicates that the patient's pain has reduced from a 9/10 to a 4/10 after taking medications. The 4/14/14 and 7/21/14 reports state that the patient's pain decreases from 8/10 to a 5/10 with medications. In this case, while the physician states that the patient finds the medicines helpful with pain levels, there are no specific ADL's, discussion of side effects, aberrant behavior and no outcome measures are discussed. Therefore, the request for Tylenol #3, 90 is not medically necessary and appropriate.