

<b>Case Number:</b>	CM14-0167575		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 49 year old woman who was seen by her physician on 9/11/14. Prior workup revealed a shoulder MRI showing supraspinatus tendinopathy and physical therapy with no improvement. Flector patch was documented to provide moderate impairment. Medications included anaprox, flector patch, flexeril, ketophene cream, Naprosyn and omeprazole. Her exam showed impairment of remote and recent memory, normal gait and posture. Her diagnoses were myalgia and myositis, neuralgia, neuritis and radiculitis, shoulder joint pain and impingement syndrome of shoulder. At issue in this review is flector 1.3%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 1.3%, Day Supply: 30, Qty: 60, refills: 00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Flector

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug

class that is not recommended is not recommended. There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding Flector in this injured worker, the records do not provide clinical evidence to support medical necessity.