

<b>Case Number:</b>	CM14-0169223		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/01/1997
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

58-years old male injured worker was with date of injury 9/1/97 with related back pain. Per progress report dated 9/11/14, the injured worker rated his pain 4/10 in intensity with medications, and 7/10 without medications. Per physical exam of the lumbar spine, there was loss of normal lordosis with straightening of the lumbar spine, restriction of range of motion in all planes, bilateral tenderness and hypertonicity of the paravertebral muscles. Straight leg raising test was positive on the left side. The injured worker was status post lumbar surgeries in 10/2002, 6/2003, 10/2003, and SCS placement in 2/2008. Treatment to date has included surgery, physical therapy, SCS, and medication management. The date of UR decision was 9/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for flector patch 1.3% #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

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

**Decision rationale:** Flector patches contain diclofenac, a nonsteroidal anti-inflammatory drug. With regard to topical NSAID agents, the MTUS Chronic Pain Medical Treatment Guidelines states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." The documentation submitted for review does not contain findings of osteoarthritis or tendinitis, as the request is not indicated, the request is not medically necessary.