

<b>Case Number:</b>	CM14-0028919		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 and 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 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 41-year-old female who reported an injury on 02/12/2014. The mechanism of injury was noted to be continuous trauma. Prior treatments included medications, injections and therapy. Her diagnoses were noted to be bilateral sacral iliac joint arthropathy, lumbar disc disease, and lumbar radiculopathy. A pain management follow up evaluation noted the injured worker had complaints of stabbing pain in her back radiating to her buttock and inguinal area. Pain was rated a 6 out of 10 on a pain scale. The injured worker reported taking Motrin for pain. The physical examination noted diffuse tenderness over the lumbar paravertebral musculature. There was mild facet tenderness noted. She had sensation intact as to pain, temperature, light touch, vibration and 2 point discrimination in all dermatomes. Treatment recommendations included sacral iliac joint rhizotomy, medications and a hot/cold unit following rhizotomy. The provider's rationale for the request for a Flector patch was not specific to the pain management evaluation dated 12/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch #60:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recognize flector patch as a non-steroidal anti-inflammatory drug. It has not been evaluated for treatment of the spine, hip or shoulder. The pain management evaluation dated 12/18/2013 notes the injured worker with use of Motrin for pain management, however it does not indicate that the Motrin was not effective for symptomatic relief. In addition, the provider's request for Flector patch does not include a location for application nor does it provide a frequency of use. Therefore, the request is not medically necessary and appropriate.