

<b>Case Number:</b>	CM14-0045915		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 male who reported injury on 01/30/2012. The documentation indicated the injured worker had been utilizing Neurontin 300 mg by mouth twice a day, Flector patches, and ibuprofen 600 mg by mouth 3 times a day for an unspecified duration of time. The documentation of 01/06/2014 revealed the injured worker was attempting to utilize his ongoing low back and left leg pain with ibuprofen and Neurontin, and had some increased spasms. The objective findings revealed there was tenderness to palpation in the left L5-S1 paraspinals. There was increased pain in end ranges of motion of flexion and extension. The diagnoses included L5-S1 disc herniation, left L5 radiculopathy, and a history of bilateral sacral joint dysfunction. The treatment plan included awaiting surgical intervention, a prescription for ibuprofen 600 mg 3 times a day as needed, and Neurontin 300 mg 2 tablets by mouth at bedtime, as well as a prescription for Flexeril 10 mg by mouth 3 times a day for the spasms, continuation of the home exercise program, and awaiting authorization for surgical intervention. The subsequent documentation was dated 06/09/2014 and revealed the injured worker had been trying to manage his symptoms with ibuprofen alternating with Flector patch and Neurontin 300 mg by mouth twice a day.

### 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.

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

**Decision rationale:** California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had neuropathic pain, but there was no diagnosis of osteoarthritis to support the use of a topical NSAID. Additionally, there was a lack of documentation that there had been a trial of antidepressants and anticonvulsants to support the necessity for the medication. The request as submitted failed to indicate the frequency and strength for the requested medication. There was a lack of documented objective functional benefit and objective decrease in pain for the requested medication as it was indicated the injured worker had trialed the medication. Given the above, the request for Flector patch #60 was not medically necessary.