

<b>Case Number:</b>	CM14-0063132		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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:

This 64 year-old patient sustained an injury on 10/26/1999 while employed by [REDACTED]. Request under consideration include Flector 1.3%, #30. Diagnoses included Rotator cuff syndrome; cervical disc degeneration/neck sprain; and headache. Report of 10/25/13 from the provider noted the patient with neck and left shoulder pain, trying to limit his medication use. Exam showed paracervical and thoracic myospasm; ambulating with kyphotic thoracic positioning. Diagnoses were unchanged with treatment of multiple medications dispensed. Report of 1/20/14 from the provider noted the patient has the same neck and back pain, under decent control with medications although he is getting quite a bit of bilateral leg pain. Exam showed BP 134/70; moderate paracervical and thoracic myospasm today; noted but patient appears to be tolerating his medications well w/ good effects on function and activities of daily living (ADLs). Treatment included Celebrex, Ultracet, Soma, Robaxin, Parafon forte, Sprix, Flector, Lidoderm, Voltaren gel, osteopathic manipulative treatment exercises; add quinine for leg pain. The request for Flector 1.3%, #30 was non-certified on 4/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) under Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** The efficacy in clinical trials for topical non-steroidal anti-inflammatory drugs (NSAIDs) has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. The Flector 1.3%, #30 is not medically necessary and appropriate.