

<b>Case Number:</b>	CM14-0070481		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 63-year-old male with a reported date of injury on 03/25/2003. The injury reportedly occurred when the injured worker was kicked in the groin by a student, which knocked him backward and caused him to fall on the ground. His diagnoses were noted to include degeneration of the intervertebral disc, enthesopathy of the hip region bilaterally, fibromyositis, and chronic pain syndrome. His previous treatments were noted to include medications and physical therapy. The progress note dated 07/08/2014 revealed complaints of low back pain and bilateral lower extremity pain. The injured worker reported his bilateral low back pain worsened with treatment. The injured worker complained of radiating pain to the bilateral lower extremities and hips. The injured worker complained of stiffness to his low back and spasms as well as interference with sleep and depression. The injured worker revealed he needed assistance with cooking, housekeeping, shopping, and yard work. The physical examination revealed an antalgic gait. The deep tendon reflexes to the lower extremities were 2+ except for the Achilles, which was 1+ on both sides. The physical examination of the lumbar spine noted a diminished range of motion with regards to flexion, which was limited to 30 degrees with pain, and extension, which was limited to 5 degrees with pain. There were trigger points noted over the upper paraspinal, middle paraspinal, and lower paraspinal musculature. The physical examination of the bilateral lower extremities revealed muscle tenderness over the gluteus medius of the bilateral gluteus medius hip flexors, and tendon tenderness was noted within the tendons of the bilateral lower extremities. The provider indicated the injured worker had been taking Flector patches 1.5 mg twice a day for the treatment of complaints and the injured worker reported a 30% decrease in pain with no side effects. The Request for Authorization Form was not submitted within the medical records. The request was for Flector patch 1.3% transdermal #60 with 2 refills for complaints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3% transdermal #60, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic).

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

**Decision rationale:** The request for Flector Patch 1.3% transdermal #60, 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that 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 weeks to 12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip, or shoulder. There is a lack of documentation regarding a diagnosis of osteoarthritis or tendinitis to warrant topical NSAIDs. The guidelines recommend short term utilization of this medication for 4 weeks to 12 weeks, and the injured worker has been utilizing this medication for at least 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.