

<b>Case Number:</b>	CM14-0175688		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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 58-year-old female who reported an injury on 10/03/2013. The mechanism of injury was not provided. Her diagnoses were noted as lumbar spondylosis. Past treatments included medications and lumbar medial branch blocks. On 09/18/2014, the injured worker complained of pain in her left lower back. Physical examination revealed tension in the lumbar paraspinals bilaterally; and tender, left greater than the right. Lumbar spine range of motion was restricted, particularly with extension. Her current medications were not noted. The treatment plan included a followup visit, ice, and Flector patch. The request was received for Flector DIS 1.3% #30. The rationale for the request was not provided. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS 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 (ODG), Topical Diclofenac

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

**Decision rationale:** The request for Flector DIS 1.3% #30 is not medically necessary. California MTUS Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Clinical notes indicate that the injured worker has taken ibuprofen in the past. However, there is no documentation to indicate the medication regimen was not successful in relieving pain. In the absence of appropriate documentation to indicate the need for a topical analgesic versus oral medications, the request is not supported. Therefore, the request is not medically necessary.