

<b>Case Number:</b>	CM14-0186355		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	01/31/1998
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Family Medicine 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 is a 58-year-old female claimant who sustained a work injury on April 6, 1998 involving the neck, right elbow and shoulder. She was diagnosed with impingement syndrome. She additionally had severe gastrointestinal issues and was on a proton pump inhibitor. She was unable to take oral nonsteroidal anti-inflammatory drugs. She had previously used topical Butrans patches. She had undergone physical therapy and was performing home exercises. A progress note on May 8, 2014 indicated the claimant had 9/10 pain. Exam findings were noted for limited range of motion of the cervical spine. There was a decrease in sensation to light touch in the right ulnar distribution and a positive compression test at the right elbow. The treating physician ordered Flector patches. A recent request in November 2014 was for continuing the Flector patches with three additional refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches 3 Boxes plus 3 Refills:** 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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. In this case, the claimant has been prescribed a Flector for over 5 months. There is limited evidence to support long-term use of Flector. Particular location for application of Flector was also not specified. The request for Flector patch is not medically necessary.