

<b>Case Number:</b>	CM14-0190162		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60-year-old male with date of injury of 03/25/2010. The lists of diagnoses from 08/04/2014 are: 1. Lumbago, low back pain 2. Myofascial pain syndrome/fibromyalgia According to this report the patient continues to complain of lower back and hip pain. He is scheduled for a bilateral triple block. The patient is doing well on his current medication. The examination shows tenderness in the lumbar spine with decreased flexion, extension and lateral bending. The documents include an operative report for right sacroiliac joint injection from 08/14/2014, QME reports from 03/14/2014 to 07/10/2014, EMG report from 04/13/2014, UDS reports from 03/14/2014 to 08/05/2014, and progress reports from 06/02/2014 to 08/04/2014. The utilization review denied the request on 10/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med times (1) Flector Patch 1.3% adhesive patch, (1) patch td every 12 hours as needed, 30 days 2 refills total 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 MTUS (Effective July 18, 2009) Page(s): 112,111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** This patient presents with lower back and hip pain. The patient is status post right sacroiliac joint injection from 08/14/2014. The Physician is requesting Med times one Flector patch 1.3% adhesive patch, one patch every 12 hours as needed, 30 days 2 refills total 30. The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The records do not show a history of Flector patch use. The report making the request is missing. Given that Flector patches are recommended for patients with peripheral joint osteoarthritis and tendinitis-type problem, which this patient does not present with, the request is not medically necessary.