

<b>Case Number:</b>	CM14-0195699		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	11/16/2008
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Emergency 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:

The injured worker is a 68 year-old male, who sustained an injury on November 16, 2008. The mechanism of injury is not noted. Treatments have included: medications, physical therapy, HEP. The current diagnoses are: shoulder pain, long-term medication use. The stated purpose of the request for Flector Patch 1.3 percent, QD #30 was to help with localized pain. The request for Flector Patch 1.3 percent, QD #30 was denied on November 11, 2014, citing a lack of documentation of guideline support for its use. Per the report dated November 5, 2014, the treating physician noted complaints of pain to the right shoulder, low back and right leg. Exam shows limited lumbar range of motion, limited cervical range of motion, positive straight leg raising test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3 percent, QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory me.

**Decision rationale:** The requested Flector Patch 1.3 percent, QD #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111 and 112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has pain to the right shoulder, low back and right leg. The treating physician has documented limited lumbar range of motion, limited cervical range of motion, positive straight leg raising test. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Flector Patch 1.3 percent, QD #30 are not medically necessary.