

<b>Case Number:</b>	CM14-0195775		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/07/2005
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/17/2014
<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 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 36 year old male with an injury date of 05/07/05. Based on the 05/29/14 progress report, the patient complains of bilateral neck pain which radiates to his left shoulders. He rates his pain as a 6/10. He has neck stiffness, spasm of neck, feels depressed, and has interference with sleep. The patient also has low back pain which he rates as a 5/10. He has numbness in his bilateral lower extremities and stiffness in his lower back. The 08/23/14 report states that the patient continues to have bilateral neck pain which radiates to his left shoulder, left arm, and palmar/dorsal hand. He rates his pain as a 6/10 and has tingling in the left upper extremity. The 11/06/14 report indicates that the patient continues to rate his neck pain as a 6/10. He also has pain in his left shoulder and left chest. He has radiation throughout the left upper extremity with tingling throughout the left hand. "Pain has increased in the last 10 days." In regards to the cervical spine, the patient has tenderness over the paraspinal muscles overlying the facet joints. For the upper extremities, the patient has soft tissue tenderness over the supraclavicular region of the left upper extremity and the glenohumeral joint of the left upper extremity. He has muscle tenderness over the trapezius of the left upper extremity and joint tenderness over the glenohumeral joint of the left upper extremity. The patient is currently not working. The patient's diagnoses include the following degeneration of cervical intervertebral disc; carpal tunnel syndrome; psychophysiologic disorder; and shoulder joint pain. The Utilization Review determination being challenged is dated 11/17/14. Treatment reports were provided from 02/12/14 - 11/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Flector 1.3% Transdermal patch # 30 with three 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, 113.

**Decision rationale:** According to the 11/06/14 report, the patient presents with neck pain, left shoulder pain, and left chest pain. The request is for one prescription of Flector 1.3% transdermal patch #30 with three refills. The patient has been using Flector Patch as early as 05/29/14. The patient is currently taking Omeprazole, Sucralfate, Voltaren 1% topical gel, and Zantac. The 11/06/14 report states that "prior use of Flector patch allowed patient to do daily stretching with a reduction of pain of at least 50%... [He] has not had Flector patch since September denial. This has resulted in decreased exercise ability and increased pain level. Patient is not able to take po NSAID due to H pylori. Needs topical alternative for pain management."Regarding topical NSAIDs, MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." MTUS guidelines state that Flector Patches are recommended for short term use, 4-12 weeks. The patient was given Flector Patches on 05/29/14 and it is unclear for how long the patient used these patches for. The patient may have already exceeded the 4-12 weeks recommended by MTUS guidelines. Furthermore, the patient is diagnosed with shoulder joint pain for which a topical NSAID is not indicated for. MTUS guidelines state there "is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Due to lack of support from MTUS guidelines, the requested Flector Patch is not medically necessary.