

<b>Case Number:</b>	CM14-0198460		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 39-year-old male who reported an industrial injury on 2-11-2014. His diagnoses, and or impression, were noted to include lumbosacral neuritis or radiculitis; lumbosacral spondylosis without myelopathy; lumbosacral disc degeneration; unstable spine disorders of the sacrum; sciatica; myofascial pain - myositis; and lumbar radiculopathy. No current imaging studies were noted. His treatments were noted to include physical therapy - too painful; acupuncture treatments - ineffective; electrodiagnostic testing on 5-14-2014; a home exercise program; medication management with toxicology studies; and modified work duties. The progress notes of 10-20-2014 reported a follow-up visit for complaints of lumbar and hip pain; ongoing and worsening pain in the lower-mid back and hips that radiated into the upper back, was associated with numbness, tingling, weakness, locking, and bowel dysfunction, was aggravated by activity, and was relieved by lying down and medicines (noted to include Flector 1.3% Patch); difficulty sleeping due to pain; and of irritability, stress and depression which was affecting her relationships with other people. She reported the inability to clean or cook independently. The objective findings were noted to include: no apparent distress; back pain with muscle spasms, joint stiffness and weakness; numbness, tingling, headaches and muscle weakness; palpable trigger points in the upper and lower trapezius and bilateral quadratus lumborum; mild weakness with left hip flexion, bilateral knee extension, and bilateral ankle dorsiflexion; paresthesias to light touch in the medial and right leg and thigh; and positive sacroiliac joint compression test and slump test. The physician's requests for treatments were noted to include Flector 1.3% Patch - apply to affected area twice a day. No Request for

Authorization was noted in the medical records provided. The Utilization Review of 10-28-2014 non-certified the request for Flector DIS 1.3%, quantity 15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flector DIS 1.3% Day supply 15 Qty 30 (Retrospective DOS 10/15/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), treatment index, online edition, chapter- pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flector patch 1.3% day supply #15, quantity #30 retrospective October 15, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flector patch is indicated for acute sprains, strains and contusions. In this case, the injured worker's working diagnoses are LS neuritis or radiculitis; lumbosacral spondylosis without myelopathy; lumbar or lumbosacral disc degeneration; and unstable spine (disorders of sacrum). Date of injury is February 11, 2014. Request for authorization is dated October 15, 2015. According to a progress note dated October 20, 2014, subjective complaints include low back pain, mid back pain and hip pain. Pain score is 9/10. Flector patch is indicated for acute sprains, strains and contusions. There is no documentation of acute sprains, strains or contusions. There is no clinical indication or rationale for the Flector patch. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical documentation of acute sprains, strains or contusions and no clinical indication or rationale for the patch, Flector patch 1.3% day supply #15, quantity #30 retrospective October 15, 2014 is not medically necessary.