

<b>Case Number:</b>	CM15-0009109		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/08/1995
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 60 year old female, who sustained a work related injury on 7/8/95. The diagnoses have included lumbar radiculopathy, low back pain, status post lumbar fusion, insomnia secondary to pain, and neuropathic pain. Treatments to date have included lumbar surgery, MRI lumbar spine, oral pain medication, home exercise program, Toradol injection, samples use of Flector patch and activity modifications. The injured worker complains of chronic low back and lower extremity pain. She rates the pain a 6/10. She is having spasms in her legs and trouble with walking. The pain medication is allowing her to increase her activity level. On 12/22/14, Utilization Review non-certified a prescription request for Flector patches. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states: There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. As such, the request for Flector Patches is not medically necessary.