

<b>Case Number:</b>	CM15-0101864		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 60 year old female who sustained an industrial injury on 3/10/14 due to cumulative trauma and involved the neck, back and both hands. She currently complains of constant, stabbing neck pain (7/10) that radiates to bilateral shoulders; constant throbbing moderate low back pain (7/10) with tingling and muscle spasms; constant stabbing right shoulder pain (6/10) with tingling radiating to the forearm and hand; constant, moderate right wrist pain (5/10) with weakness radiating to the hands and fingers; constant, sharp right foot pain (6/10) radiating to the knee. The injured worker gets relief from pain with medications. Medications are Flector Patch, Anaprox, Prilosec, Tramadol, cyclobenzaprine, topical compound creams. On 5/1/15 a drug screen was done and was consistent with current prescribed medications. On physical exam there was decreased range of motion of the cervical spine with cervical compression causing pain and foraminal compression causing pain on the right; lumbar spine exam shows decreased range of motion with Kemp's causing pain and Straight Leg Raise causing bilateral pain; supraspinatus press of the right shoulder causes pain and shoulder Apprehension causes pain; right wrist and right foot had decreased range of motion. Diagnoses included cervical disc protrusion; cervicgia; lumbago; lumbar disc protrusion; lumbar radiculitis; right shoulder impingement syndrome; right wrist sprain/ strain; right foot sprain/ strain. Treatments to date included medications; acupuncture to the back and neck; shock wave treatment to upper extremities; injections. Diagnostics included electrodiagnostic testing (2/18/15) upper extremity showing evidence of bilateral carpal tunnel syndrome; electrodiagnostic study of lower extremity (2/13/15) showing unremarkable results; x-ray left

and right shoulder (2/18/15) unremarkable; x-ray lumbar spine (2/18/15) showing mild degenerative spondylosis; x-ray thoracic spine (2/18/15) showing degenerative spondylosis; x-ray of the cervical spine (2/18/15) showing mild degenerative spondylosis. In the progress note dated 4/30/15 the treating provider's plan of care includes a request for Flector Patch 1.3% every 12 hours as needed for pain # 90.

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

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

**Flector patch 1.3% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Flector Patch.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.flectorpatch.com](http://www.flectorpatch.com) Official Disability Guidelines Topical Analgesics.

**Decision rationale:** MTUS Guidelines do not directly address the recommended use of Flector Patches. ODG Guidelines address this issue and manufacturer recommendations both recommend Flector Patch use of acute strains and pains. It is not recommended for any type of chronic pain management. There are other forms of topical NSAIDs that are recommended for the long-term management of inflammatory conditions. There are no unusual circumstances to justify an exception to Guidelines. The Flector patch is not supported by Guidelines and is not medically necessary.