

<b>Case Number:</b>	CM15-0139526		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	04/05/2001
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year old female who sustained an industrial injury on April 5, 2001. Mechanism of the injury is not documented. She has reported lower back pain and has been diagnosed with low back pain and bilateral SI joint dysfunction. Treatment has included medications, physical therapy, acupuncture, and injection. Physical examination noted gait was mildly antalgic. She was alert and oriented. She was able to go up on her heels and toes. Examination of the back was clean, dry, and intact. The treatment plan included home exercises, follow up, and flector patches. The treatment request included flector patches # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flector patch. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Flector patch.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in February 2011 and continues to be treated for low back pain. When seen, he was using a two lead TENS unit and wanted something stronger. There was lumbar spine tenderness and decreased range of motion. There was back pain with hip and knee flexion and straight leg raising. He had gained weight and was now 220 pounds. The claimant has a remote history of a work-related injury and is being treated for low back pain and bilateral sacroiliac joint dysfunction. Then seen, there had been a 60-70% improvement after bilateral sacroiliac joint injections. There was a mildly antalgic gait. Medications have included Norco and Flector. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID was being considered, a trial of topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. Flector was not medically necessary.