

<b>Case Number:</b>	CM15-0164402		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53 year old who sustained an industrial injury on 12-11-04. The diagnoses are disc disorder lumbar, lumbar facet syndrome, lumbar radiculopathy, and spinal-lumbar degenerative disc disease. In a visit note dated 7-7-15, the treating physician reports chronic low back pain and right knee pain. She is status post radiofrequency ablation, which helped tremendously while walking and standing at work. There is still some soreness noted with increased activity and at the end of the day. Low back pain is rated at 3 out of 10 at best when she was improving. Her back pain has increased to 5 out of 10 and it was 7 out of 10 prior to the radiofrequency ablation. The lumbar spine range of motion is restricted with extension and limited by pain. Examination reveals lumbar spine decreased range of motion, tenderness to palpation on facet joints in lumbar levels, along with pain worse on extension and pain with facet loading bilaterally. A sensory examination is within normal limits. An additional injury is noted of her head-neck which occurred on 6-23-15 and that because of the acute pain from the head- neck injury, she had to continue taking the medication prescribed as her low back pain was exacerbated due to the fall. It is noted she has been off work since 6-23-15 and hopes to go back to work this week. Medications are Norco, Cyclobenzaprine, Flexeril, Flector 1.3% Adhesive Patch, Ibuprofen, and acid reflux medication. A urine drug screen 12-2-14 was consistent with medications prescribed and the one done 7-7-15 was reviewed and sent out for confirmation. Previous procedures include right L3-L4-L5 medial branch block 3-9-15, left L3-L4-L5 medial branch block 3-16-15, lumbar radiofrequency ablation right on 4-27-15 and left on 5-4-15. The

requested treatment is Flector 1.3% adhesive patch #30 with 2 refills (1 patch to the skin every day).

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

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

**Flector 1.3% adh. patch #30 with 2 refills (1 patch to skin q day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs have been shown to be superior to placebos in the first 2 weeks of treatment for osteoarthritis, but either no afterward or with a diminishing effect over another 2 weeks period. They are not recommended for neuropathic pain. In this case, there is no diagnosis of osteoarthritis and the patch is prescribed for pain relief following a lumbar medial branch block. No rationale is given as to why a topical agent is recommended over an oral agent. Therefore, the request is not medically necessary or appropriate.