

<b>Case Number:</b>	CM15-0180095		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Physical Medicine & Rehabilitation

### 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 37-year-old female injured worker suffered an industrial injury on 7-12-2013. The diagnoses included displacement of the lumbar intervertebral disc without myelopathy, disorder of the shoulder bursae and tendons, cervicgia, and headaches. On 7-7-2015, the treating provider reported neck pain that radiates to the right shoulder and right upper extremity. The low back pain increased and radiated to both legs associated with numbness, tingling and weakness in the right arm, hand, leg and foot. On exam, there was an altered gait with the cervical spine limited range of motion and tenderness. The lumbar spine had reduced range of motion. Prior treatments included medication. The Utilization Review on 8-15-2015 determined non-certification for Retrospective topical patch 4%, #1 box (DOS: 7/7/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective topical patch 4%, #1 box (DOS: 7/7/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 Chapter under Flector patch.

**Decision rationale:** The patient presents with neck pain radiating to the left shoulder and right upper extremity, and low back pain radiating to the bilateral lower extremities, right greater than left. The request is for RETROSPECTIVE TOPICAL PATCH 4%, #1 BOX (DOS: 7/7/15). Physical examination to the cervical spine on 05/11/15 revealed tenderness to palpation over the cervical paraspinal muscles, superior trapezius, levator scapula and rhomboid musculature. Range of motion was noted to be decreased. Per 06/09/15 progress report, patient's diagnosis includes displacement of lumbar intervertebral disc without myelopathy, and cervicalgia. Patient's medications, per Request for Authorization form dated 07/31/15 include Naproxen, Pantoprazole, Topical Patch, and Trazodone. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics section, pgs 111-113 regarding topical NSAID's states "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, Pain Chapter under Flector patch states that "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Treater has not provided medical rationale for the request. Review of provided medical records indicate that the patient has been utilizing Flector Patch at least since 10/15/14. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, ODG guidelines do not support the use of Flector beyond two weeks. The current request for Flector Patch, in addition to prior use of this medication would exceed what is recommended by ODG and does not meet guidelines indication. Therefore, the request is not medically necessary.