

<b>Case Number:</b>	CM15-0183818		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/26/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 injured worker is a 30 year old male, who sustained an industrial injury on 10-26-2014. He has reported subsequent low back pain and was diagnosed with lumbar degenerative disc disease, low back pain and muscle spasm. MRI of the lumbar spine on 02-06-2015 was noted to show L5-S1 mild disc degeneration with central 1 mm disc protrusion. The only medical documentation received included progress reports dated 06-11-2015 and 07-09-2015. Treatment to date has included oral and topical pain medications, six sessions of physical therapy and a home exercise program. Physical therapy and home exercise provided moderate pain relief and medication provided some pain relief. Flector patches were prescribed at least since 06-11-2015 but the start date of this medication is uncertain. In a progress note dated 07-09-2015, the injured worker reported 4 out of 10 pain with medications and 6 out of 10 pain without medications. Objective examination findings showed tenderness to palpation of the lumbar paravertebral muscles with tenderness and tight muscle band on both sides and motor testing limited by pain. Documentation shows that the injured worker was working full time and was stable with no significant complaints. A request for authorization of Flector patch 1.3% #30 with 5 refills was submitted. As per the 09-04-2015 utilization review, the request for Flector patch 1.3% #30 with 5 refills was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patch 1.3% #30 with 5 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The current request is for Flector patch 1.3% #30 with 5 refills. The RFA is from 08/25/15. Treatment to date has included oral and topical pain medications, six sessions of physical therapy and a home exercise program. The patient is working full-time. Flector patch is Diclofenac in a topical patch. MTUS Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) section, pages 111-113, state, "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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per report 07/09/15, the patient presents with chronic low back pain with muscle spasms. The patient reported 4/10 pain with medications and 6/10 pain without medications. Objective findings showed tenderness to palpation of the lumbar paravertebral muscles, tight muscle band on both sides and motor testing was limited due to pain. The treater requested a refill of medications. Flector patches have been prescribed since at least 06/11/15. The Flector patches are not indicated for the patient's chronic low back pain. MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Therefore, the request IS NOT medically necessary.