

<b>Case Number:</b>	CM15-0184827		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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

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 57 year old female, who sustained an industrial-work injury on 8-25-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and low back pain and post-traumatic stress disorder. Medical records dated 4-20-15 the physician indicate that the injured worker complains of severe neck, low back that radiates to the groin and shoulder pain with numbness, and cramping and tingling in the hands. She reports difficulty grasping and is increasingly dropping things. She reports that she has regressed with things due to not having the pain medications approved. The medications were stopped and the symptomology increased and she regressed. She is having increased difficulty with coping with the chronic pain, simple tasks and even getting out of bed is a chore. She also reports constipation as well as the onset of irritable bowel syndrome. The documentation submitted for review was very limited. The medical records indicate worsening of the activities of daily living. The work status was not noted. Treatment to date has included pain medication including Tramadol, Oxycodone, Flector patches (unknown amount of time) and Clonazepam, psyche care, Cognitive Behavioral Therapy (CBT) and other modalities. The requested service included Flector DIS% 1.3 Day Supply: 30, QTY: 60 with 3 refills, DOS: 08-19-2015. The original Utilization review dated 8-31-15 non-certified the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector DIS% 1.3 Day Supply: 30, QTY: 60 with 3 refills, DOS: 08/19/2015: 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 [www.flectorpatches.com](http://www.flectorpatches.com).

**Decision rationale:** MTUS Guidelines, the FDA, and the manufacturer do not recommend the use of Flector Patches for chronic pain conditions. The prescribing information specifically states that its use should be short term for acute strains and sprains. In addition, the use of topical NSAIDs is not supported in the MTUS Guidelines for chronic spinal pain. If there is a chronic pain condition that is amenable to topical NSAID treatment, there are other alternative forms that are recommended, particularly for chronic pain from knee OA. There are no unusual circumstances to justify an exception to the Guidelines. The Flector DIS% 1.3 Day Supply: 30, QTY: 60 with 3 refills, DOS: 08/19/2015 is not supported by Guidelines and is not medically necessary.