

<b>Case Number:</b>	CM15-0194782		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: 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 female, who sustained an industrial injury on December 11, 2004, incurring low back injuries. She was diagnosed with lumbar spinal degenerative disc disease, lumbar facet syndrome and lumbar radiculopathy. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, topical analgesic patches, medial branch blocks, lumbar Radiofrequency Ablation, and activity restriction. Currently, the injured worker complained of low back pain with increased muscle spasms, muscle pain and joint pain. She noted intense, sharp spasms and pain in the low back after the left lumbar Radiofrequency Ablation. Treatment included ice followed by moist heat. The treatment plan that was requested for authorization included a prescription for Flector patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of back pain and radiculopathy. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.