

<b>Case Number:</b>	CM15-0205376		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	01/17/2003
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Hawaii

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 58 year old female, who sustained an industrial injury on 1-17-2003. The injured worker is undergoing treatment for: lumbar region sprain, degenerative disc disease and displacement. On 8-25-15, and 9-29-15, she reported intermittent low back pain with radiation into the bilateral legs to the feet with the left leg worse than the right. She indicated feeling numbness on occasion in her toes. She rated her pain without medications 10 out of 10 and with medications 7 out of 10. She stated that with Flector patches and Oxycodone together she attains an 80 percent pain reduction, which allows her to be able to do more activities of daily living such as cook. The provider noted that she has had a functional decline over the past month and is now unable to walk but a few feet. Physical examination revealed no tenderness or spasm in the low back, normal range of motion of lumbar spine, normal strength and tone, negative bilateral straight leg raise testing, and minimal tenderness in the sacroiliac. The treatment and diagnostic testing to date has included: medications, multiple physical therapy sessions, lumbar surgery (date unclear), multiple sessions of acupuncture, lumbar epidural steroid injection (approximately 2005), urine drug screen (8-25-15). Medications have included: Tramadol, Oxycodone, Flector patches. The records indicate she has been utilizing Flector patches since at least July 2015, possibly longer. Current work status: permanent and stationary. The request for authorization is for: 60 Flector 1.3 percent patches. The UR dated 10-12-2015: non-certified the request for 60 Flector 1.3 percent patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch, Qty 60:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the low back with radiation to the bilateral lower extremities. The current request is for Flector 1.35% patch, Qty 60. The treating physician report dated 9/29/15 (27B) states, "Patient states that when she was using the flector patch 1.3% bid and taking oxycodone 15mg 1 q6h she was receiving about 80% pain relief. Patient states that with taking these medications she was able to be up more, cook, and do things around her house." The report goes on to note that without these medications the patient is very limited on what she can do. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, the patient does not present with peripheral joint arthritic pain. Topical NSAIDs are not recommended for lower back pain and radicular pain. The current request is not medically necessary.