

<b>Case Number:</b>	CM15-0206404		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, 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:

This 50-year-old female sustained an industrial injury on 6-27-14. Documentation indicated that the injured worker was receiving treatment for low back pain with lumbar degenerative disc disease, annular fissure, lumbar stenosis, bilateral radiculitis and myofascial pain. Previous treatment included chiropractic therapy, home exercise and medications. In a PR-2 dated 5-27-15, the injured worker complained of low back pain, rated 2 out of 10 on the visual analog scale that went up to 5 out of 10 at the end of the day. The injured worker also complained of new thoracic spine pain. The treatment plan included continuing use of Lidoderm patches. The physician stated that no other pain medications were necessary at this time. In a PR-2 dated 9-30-15, the injured worker complained of low back pain rated 2 to 3 out of 10 on the visual analog scale but "at times went up to 6 out of 10." The physician noted that her low back pain was largely the same, characterized as intermittent and aching. The injured worker "mainly returned due to the fact that the previously prescribed Lidoderm patches had been denied." Physical exam was remarkable for ongoing tenderness to palpation at the L4-5 and L5-S1 disc spaces with "limited" range of motion in flexion and extension "due to guarding of the low back", 5 out of 5 bilateral lower extremity strength, 2+ lower extremity deep tendon reflexes, positive left straight leg raise and slump maneuvers and reduced sensation in the bilateral L5 distributions. The treatment plan included continuing home exercise and a new prescription for Flector patches. On 10-12-15, Utilization Review non-certified a request for Flector 1.3% patch #30 with three refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3% patch #30 with 3 refills to (B) Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** The request is for Flector patches (Voltaren) for a patient with a date of injury of 6/27/2014 resulting in a low back strain. The patient complains of continued back pain that is "largely the same." The records provided do not indicate any red flags. There is no plan for surgical treatment. There is no specific mention of failure or intolerance of oral NSAIDs necessitating a topical agent. MTUS Guidelines do not support the use of topical NSAIDs for the spine, hips or shoulders. In this case the request is for use in the lumbar spine. Therefore, based on the above findings, the request is not medically necessary or appropriate.