

<b>Case Number:</b>	CM15-0020673		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	12/31/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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 64 year old female who sustained an industrial injury on 12/31/11. She is currently experiencing sharp pain at her lumbosacral junction as well as numbness in her bilateral feet. Medications include Ibuprofen, Norco and Flector patch. Diagnosis is lumbar sprain/ strain; lumbar degenerative disc disease; lumbar facet disease. Treatments to date include medications and physical therapy which are proving effective in improving the injured workers pain levels, chiropractic sessions. Progress note dated 10/13/14 indicates that the medications including Flector patch increases her function. In addition she experiences no side effects and is not abusing the medications. On 1/21/15 Utilization review non-certified the request for Flector Patch 180, # 30, 1 refill citing ODG and MTUS: Chronic Pain Medical treatment Guidelines: Topical Analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 180 gm # 30 1 refill:** 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) Flector Patch (diclofenac epolamine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications for chronic pain Page(s): 111-113, 60.

**Decision rationale:** This patient presents with lumbar spine pain. The treater is requesting Flector patch 180 g quantity 30 with one refill. The RFA was not made available for review. The patient's stated injury is from 12/31/2011 and she is currently permanent and stationary. The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be used for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, MTUS page 60 requires pain assessment and functional changes when medications for chronic pain are used. The records show that the patient was prescribed Flector patches on 10/13/2014. None of the documents notes efficacy as it relates to the use of Flector patches. Furthermore, the patient does not present with peripheral joint osteoarthritis/tendinitis to warrant the need for Flector patches. The request IS NOT medically necessary.