

<b>Case Number:</b>	CM15-0029645		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/16/1992
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 75 year old female, who sustained an industrial injury on 4/16/92. She has reported back injury. The diagnosis included lumbar disc degeneration. Treatment to date has included pain medication and home exercise program. Currently, the injured worker complains of increased low back pain with tremendous right hip pain and numbness down the right leg with sitting too long. On physical exam dated 2/11/15, pain in right SI joint and right PV and piriformis is noted. On 2/17/15 Utilization Review non-certified Flector 1.3% patch #30, noting the request for back pain is not supported in the guidelines. The ODG was cited. On 2/18/15, the injured worker submitted an application for IMR for review of Flector 1.3% patch #30.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with pain affecting the low back and hip with radiation down the right leg. The current request is for Flector 1.3% patch #30. The treating physician report dated 2/11/15 (13B) states, "She is unable to take the Mobic prescribed because her cardiologists do not want her to take any more NSAIDs." The MTUS guidelines state the following regarding topical NSAIDs: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the report dated 2/11/15 notes low back and tremendous hip pain with radiation down the right leg but there was no discussion of knee, elbow or other joint pain that would support the use of a topical analgesic. The current request does not satisfy the MTUS guidelines as outlined on pages 111-113. Recommendation is for denial.